KELLEY DRYE & WARREN LLP

A LIMITED LIABILITY PARTNERSHIP

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MICHAEL DOVER

DIRECT LINE: (312) 857-7087

EMAIL: mdover@kelleydrye.com

AFFILIATE OFFICES

November 6, 2013

Via ECFS

Ms. Marlene H. Dortch, Secretary Federal Communications Commission 445 12th Street, S.W. Washington, D.C. 20554

Re: Submission of FCC Form 481 Annual Report for American Broadband

Telecommunications Company; WC Docket No. 10-90

Dear Ms. Dortch:

On behalf of American Broadband Telecommunications Company ("American Broadband" or "Company"), pursuant to 47 C.F.R. § 54.422(c), enclosed please find completed copies of FCC Forms 481 for all relevant Study Area Codes. On October 11, 2013, American Broadband properly filed these forms with USAC. Due to the government shutdown, the Company was unable to submit them to the FCC at that time. By omission, American Broadband did not immediately file copies of Form 481 immediately after the government reopened.

American Broadband is a wireless Lifeline-only Eligible Telecommunications Carrier ("ETC") and has only been designated by states. American Broadband has not been designated by the Federal Communications Commission as an ETC in any state. Therefore, the Company has included only the information required by 47 C.F.R. § 54.422(a).

KELLEY DRYE & WARREN LLP

Ms. Marlene H. Dortch, Secretary Federal Communications Commission **November 6, 2013** Page Two

Please contact the undersigned at (312) 857-7087 if you have any questions or require additional information.

Respectfully submitted,

Michael Dover

Counsel to American Broadband and Telecommunications Company

Enclosure

	rm 481 - Carrier Annual Reporting			FCC Form 481 DMB Control No. 3060-0 uly 2013	986/OMB Control No. 3060-0819
<010>	Study Area Code	329020			
<015>	Study Area Name	American Broadban	d and Telecommunicatio	ons Company	
<020>	Program Year	2014			
<030>	Contact Name: Person USAC should contact with questions about this data	Jeffrey Ansted			
<035>	Contact Telephone Number: Number of the person identified in data line <)30> (419) 824-5810			
<039>	Contact Email Address: Email of the person identified in data line <030	jsa@ambt.net >			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 54.422 Completion Required Required
<100>	Service Quality Improvement Reporting		(complete attached work	sheet)	(check box when complete)
<200> <210>	Outage Reporting (voice)	x if no outages to repor	(complete attached work t	sheet)	
<300> <310> <320> <330>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)		(attach descriptive docu		
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (v. Fixed Mobile Number of Complaints per 1,000 customers (b. Fixed Mobile			!	
<610> <700> <710> <800> <900> <1000> <1010> <1110> <1110>	Service Quality Standards & Consumer Protection Functionality in Emergency Situations Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers	ion Rules Compliance	(check to indicate certifici (attached descriptive docui (check to indicate certifici (attached descriptive docui (complete attached works (complete attached works (if yes, complete attached works (check to indicate certifici (attach descriptive docui (if not, check to indicate certifici (complete attached works (complete attached works	ment) ment) ment) cheet) cheet) cheet) cheet) cheet) ment) ment) tion) heet)	
<2000> <2005>	Price Cap Carriers, Proceed to <u>Price Cap Addition</u> Including Rate-of-Return Carriers offiliated with Return Carriers of Return Carriers, Proceed to ROR Addition	Price Cap Local Exchan	ge Carriers (check to indicate certifica (complete attached works)	heet)	
<3005>			(complete attached works)	heet)	

(100) Se	(100) Service Quality Improvement Reporting	FCC Town 401
Data Co	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	
<015>	Study Area Name American Broadband and Telecommunications Company	cations Company
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	
<032>	Contact Telephone Number - Number of person identified in data line <030> (419) 824-5810	
<039>	Contact Email Address - Email Address of person identified in data line <030> jsa&ambt.net	
<110>	Has your company received its ETC certification from the FCC?	•
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? (yes / no)	0
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document (.pdf)
<113><114><115><115><115><115><115><116><116><117><118><118><118><118><118><118><118	Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality How (USF) was used to improve service coverage How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met in the prior calendar year.	

								FCC OM July	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	3986/OMB Control N	o. 3060-0819
<010> Study Area Code	Code				329020						
<015> Study Area Name	Name				American Broadba	American Broadband and Telecommunications Company	cations Company				
- 1	ar				2014						
J	Contact Name - Person USAC should contact regarding this data	C should contac	t regarding this	data	Jeffrey Ansted						
	ephone Number	- Number of pe	rson identified	in data line <(Contact Telephone Number - Number of person identified in data line <030> (419) 824-5810	c		111111111111111111111111111111111111111			
<039> Contact Em	ail Address - Ema	il Address of pe	erson identified	in data line <(Contact Email Address - Email Address of person identified in data line <030> jsadambt . net						
<220> <a>	4b1>	b2>	<	< b 4>	\cris	(5%	7				
NORS					\T.\	777	\$B\$	(ê)	\$	<8>	<h>></h>
Reference Number		Outage Start Outage Start Date Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas	Service Outage	Preventative
								1	(au /ca.)	ucsoration.	rrocedures
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						Coo offoobod	7				
						סכם מוומכוום					
					W	worksheet					
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18 Centrol No. 3060-0819									ζ		Total per line Rates and Fees												
FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819	July 2013								\$ \$ \$	Mandatory Extended Area	service charge											The state of the s	
			ions Company						 b4>	State Universal Service Co.	מיני מוויים מיוים במיוים במיוים												
			American Broadband and Telecommunications Company		pa	10			 63>	State Subscriber Line Charge	0					See attached worksheet							
		329020	American Br	2014	Jeffrey Ansted	030> (419) 824-5810		1/1/2013	 	Residential Local Service Rate						See atte	1						
					ding this data	entified in data line <	entified in data line	1/1	401>	Rate Type													
)ata					contact regar	er of person id	ess of person id	ective Date Service Charge	<83>	SAC (CETC)													
(700) Price Offerings including Voice Rate Data Data Collection Form		ode	1		Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	Address - Email Addru	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	<a2></a2>	Exchange (ILEC)													
(700) Price Offerings in Data Collection Form		Study Area Code		ı	- 1	- 1	- 1		<a1></a1>	State													
(700) P. Data Co		\$010\$	000	20202	<030>	<035>	<039>	<701> <702>	<703>														

Study Area Rame Program Vear Roughann Vear Contact Name - Person USAC should contact regarding this data Contact Email Address - Email Address of person identified in data line <0.300 3 sa4 san of the sand Fees Calc			OMIS CONTROL NO. 3U60-0986/OMB Control No. 3060-0819 July 2013
American Broadband and Telecommunication 2014 Ita Jeffrey Ansted data line <030> (419) 824-5810 data line <030> Jsadambt. net See attached Worksheet			
Contact Name - Person USAC should contact regarding this data	npany		
Contact Name - Person USAC should contact regarding this data Contact Name - Person USAC should contact regarding this data Contact Telephone Number of person identified in data line <030> (419) 824-5810 Contact Email Address of person identified in data line <030> 1980 and t. net cal>			
Contact Telephone Number - Number of person identified in data line <030> 3sadambt . net			
Contact Email Address of person identified in data line <0.30> jsaāambt. net <a>a <a>b <a>c <a>c<!--</td--><td></td><td></td><td></td>			
Exchange (ILEC) Exchange (ILEC) Residential Rate State Regulated Fees Total Rate and Fees See attached Worksheet			
Exchange (ILEC) Residential Rate Fees Total Rate and Fees See attached Worksheet	<d1> <d2></d2></d1>	< d3 >	<d4>></d4>
See attached worksheet	Broadband Service - Download Speed Broadband Service - (Mbps) Upload Speed (Mbps)	Usage Allowance	Usage Allowance Action Taken When Limit Reached (select)
See attached worksheet			
worksheet			

Other Control No. 3600-0555 232005	(800) Operating Companies		FCC Form 481
100 Study feet Code	Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Olicy Study dest Name Description than 4 pages	Study Area Code		
Activate	Study Area Name	Contraction of the contraction o	Composite
2015 Contact time in Person Using changed this Using District placed Distric	Program Year	OT DESCRIPTION OF THE PROPERTY	5 Company
Control Felicition Number of person identified in data line 40(pb square) rest.	Contact Name - Person USAC should contact regarding this data		
4312 Context from I Address of person identified in day line 43M2 is seemed in the context from I Address of person identified in the line 43M2 is seemed in the context from I Address of person identified in the line 43M2 is seemed in th	- 1		
### Abertican Prooffining Company			
4312 Pediging Company Awer Laus the constant and the Accommunicate Laus 4313 Affiliates 2415 Affiliates 5AC Company or Brand Designation - See attached worksheet			
See attached worksheet	Holding Company		
4813> Affiliates SAC Doing Business Ac Company or Brand Designation See attached worksheet			
Affiliates SAC Ompany or Brand Designation See attached worksheet See attached worksheet			
Affiliates See attached worksheet See attached wor		<a2></a2>	<43>
See attached worksheet	Affiliates	SAC	Doing Business As Company or Brand Designation
See attached worksheet			
See attached worksheet			
	## See 4#	ached workst	jaa
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(900) Tr Data Co	(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	329020
<015>		American Broadband and Telecommunications Commany
<020>		2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035		30> (419) 824-5810
<039>		330> jsa≎ambt.net
<910>		
<920>	Tribal Government Engagement Obligation	
		Name of Attached Document (.pdf)
	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	
		to los
		yeisci (Yes, No,
		NA)
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<976>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

1100) Nc Jata Coll	1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	329020
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<032>	Contact Telephone Number - Number of person identified in data line <030>	(419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsavambt.net
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

10/14/2013

(1200) To	(1200) Terms and Condition for Lifeline Customers		ECC Exam 401
Lifeline Data Coll	Lifeline Data Collection Form		CC round 461
			out coro
<010>	Study Area Code	329020	
<015>	Study Area Name	American Broadband and Telecommunications Commany	ions Company
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrev Ansted	
<035>	Contact Telephone Number - Number of person identified in data line <030>	1	
4039	Contact Email Address - Email Address of person identified in data line <030>	ne <030> jsa@ambt.net	
<1210>	<1210> Terms & Conditions of Voice Telephony Lifeline Plans		
		Name of attached document (.pdf)	
<1220>	Link to Public Website	HTTP www.americanassistance.com	
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	\	
<1222>	Details on the number of minutes provided as part of the plan,		
<1223>	<1223> Additional charges for toll calls, and rates for each such plan.		

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	communications Company	In Cost support, High Cost support to offset access charge reductions, and Connect America Phase II this form and in the documents attached below is accurate.			Name of Attached Document Listing Required Information
(2000) Price Cap Carrier Additional Documentation Data Collection Form Including Rate-of-Return Carriers offiliated with Price Cap Local Exchange Corriers	Study Area Code Study Area Name Program Year Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> (419) 824-5810 Contact Email Address of person identified in data line <030> jsavambt.net	CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate. Incremental Connect America Phase I reporting <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) <2011> 3rd Year Certification (47 CFR § 54.313(b)(1))	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification 2014 Frozen Support Certification 2015 Frozen Support Certification 2015 Solution Support Certification 2015 and future Frozen Support Certification Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband	Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification <2018> Sth year Broadband Service Certification <2019> Interim Progress Certification <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to the community and publications.	Somewhat states in the preceding calendar year. Interim Progress Community Anchor Institutions Name of Attached Do

3000	9000) Rate Of Return Carrier Additional Documentation	FCC Form 481	
ata Co	ata Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819	
- CONTRACTOR - CON		July 2013	
<010>	<010> Study Area Code 3.29020		
<015>	<015> Study Area Name American Broadband and Telecommunications Company		
<020>			
<030>	<030> Contact Name - Person USAC should contact regarding this data Jeff Ivey Ansted		
<035>	c035> Contact Telephone Number - Number of person identified in data line <030> (419) 824-5810		
<039>	<039> Contact Email Address - Email Address of person identified in data line <030> ಗಣನಾಗುಗ ಗೂಗ		

									850	'h in 47	:																																		
									and the first of the second state of the second	compliance with the financial reporting requirements set fort	ned below is accurate.								(Var /No)	(Yes/No)								(Yes/No)															Ι]	
	n Broadband and Telecommunications Company		Jeffrey Ansted	(419) 824-5810	П	1			en en grande de samble de compressor de la compressor de la compressor de participation de la compressor de la	uant to 47 CFR § 54.202(a)) and, for privately held carriers. ensuring	CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.		Name of Attached Document Listing Required Information						Name of Attached Document Listing Required Information								Name of Attached Decrees 1 to 1 to 1 to 1 to 1	יאפיוים כו אניפרונים הסרתנוופנור רוציונות מפלחונים ונוסנשפונים																	
Study Area Code 329020	Study Area Name American		: - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030>	בייייייייייייייייייייייייייייייייייייי		والمهوات والمصافي ومجوها فورمو مرماعي الكادر وهود ويما مهوا فالماضاء ومناصبات المستقطات أواد المدائرة طاجرانا ماضوم	e se de la company	CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial renomine renuirements eas fronth is 47	CFR § 54.313(f)(2). I further certify that	Progress Report on 5 Year Plan	Milestone Certification (47 CFR § 54.313(f)(1)(i)	Please check this box to confirm that the attached PDF, on line 3012,	contains the required information pursuant to § 54.313 (f)(1)(ii), as a	recipient of CAF Phase II support shall provide the number, names, and	addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		Commonny Ancilor institutions (47 CFR § 34.313(1)(1)(1)(1)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(1)(2))	If yes, does your company file the RUS annual report	Please check these boxes to confirm that the attached PDF, on line 3017.	contains the required information pursuant to § 54.313(f)(2) compliance	requires: Electronic cook of their annual R115 reports (Operating December 6):	Telecommunications Borrowers)	PDF of Balance Sheet, income Statement and Statement of Cash Flows	If the reconne is ves on line 3014 which	report and all required documentation	If the response is no on line 3014, is your company audited?	If the respanse is yes on line 3018, please check the baxes below ta	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	Either a copy of their audited financial statement: or (2) a financial report	in a format comparable to RUS Operating Report for Telecommunications	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	Management letter issued by the independent certified public accountant	that performed the company's financial audit.	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	contains: Conv of their financial statement which has been subject to equipments.	copy of men interiors statement which has been subject to teview by an independent certified public accountant; or 2) a financial report in a	format comparable to RUS Operating Report for Telecommunications	Borrawers,	Underlying information subjected to a review by an independent certified	public accountain. Underlaine information subjected to an officer contification	בייבייקיינה וויימונים מטובייבים וכי מוו סוורכן ככן נוורמווסון.	PUF of Balance Sheet, income Statement and Statement of Cash Flows	
<010>	<015>	<020>	<030>	<035>	<039>			a Armen Com		CHECK 1			(3010)			(3011)		(5,057	(3013)	(3014)				(3015)	(3016)		(3017)	(3018)			10.00	(3019)	(3020)	(3021)	1				(3022)		(3023)	(3024)	(1,00)	(505)	(3056)

Certification - Reporting Carrier		FCC Form 481	
Data Collection Form		OMB Control No.	3060-0986/OMB Control No. 3060-0819
ogta concontration		July 2013	

<010>	Study Area Code	329020
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Perso	on USAC should contact regarding this data Jeffrey Ansted
<035>	Contact Telephone N	umber - Number of person identified in data line <030> (419) 824-5810
<039>	Contact Email Addres	s - Email Address of person identified in data line <030> jsa@ambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to t	the Accuracy of the Data Reported for the Annual Reporting for CAF or L1 Recipients
l certify that I am an officer of the reporting carrier; my resp recipients; and, to the best of my knowledge, the informatic	onsibilities include ensuring the accuracy of the annual reporting requirements for universal service support on reported on this form and in any attachments is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Certification - Agent / Carrier		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
	+ 4	July 2013

<010>	Study Area Code	329020
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USA	C should contact regarding this data
<035>	Contact Telephone Number	- Number of person identified in data line <030> (419) 824-5810
<039>	Contact Email Address - Em	ail Address of person identified in data line <030> jsa@ambt . net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier I certify that (Name of Agent Mike Dover is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Mike Dover Name of Reporting Carrier: American Broadband and Telecommunications Company Signature of Authorized Officer: CERTIFIED ONLINE Printed name of Authorized Officer: Jeffrey Ansted Title or position of Authorized Officer: President Telephone number of Authorized Officer: 419-824-5810 Study Area Code of Reporting Carrier: 329020 Filing Due Date for this form: 10/15/2013 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or	Li Recipients on Benail o	i keportii	ig Carrier
l, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal serv the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, th			
Name of Reporting Carrier: American Broadband and Telecommunications Company			
Name of Authorized Agent or Employee of Agent: Michael Dover			
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE		Date:	10/14/2013
Printed name of Authorized Agent or Employee of Agent: Michael Dover			
Title or position of Authorized Agent or Employee of Agent Counsel for American Broadband and Tel	Lecommun		
elephone number of Authorized Agent or Employee of Agent: (312) 857-7087			
Study Area Code of Reporting Carrier: 329020 Filing Due Date for this form:	10/15/2013		

Attachments

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		tions Company								Doing Business As Comnany or Brand Dacionastica	9	American Broadband and Telecommunications											
		American Broadband and Telecommunications Company							<a>>	SAC		329020											
(800) Operating Companies Data Collection Form	<010> Study Area Code 329020 329020 <015> Study Area Mumo	Program Year	Contact Name - Person USAC should contact regarding this data	- 1	<039> Contact Email Address - Email Address of person identified in data line <030> Jsa3ambt.net	Reporting Carrier	Holding Company	<812> Operating Company American Broadband and Telecommunications	<813>	Affiliates	None												_

1	rm 481 - Carrier Annual Reporting oldection Form			FCC Form 481 OMB Control No. 3060 July 2013	9-0986/OMB Control No. 3060-0819
<010>	Study Area Code	319032			
<015>	Study Area Name	American Broadband	and Telecommunicat	ions Company	
<020>	Program Year	2014			
<030>	Contact Name: Person USAC should contact with questions about this data	Jeffrey Ansted			44.44
<035>	Contact Telephone Number: Number of the person identified in data line <030:	(419) 824-5810 >			
<039>	Contact Email Address: Email of the person identified in data line <030>	jsa@ambr.net			
ANNUA	AL REPORTING FOR ALL CARRIERS				54.313 54.422 Completion Completion Required Required
<100>	Service Quality Improvement Reporting		(complete attached wo	rksheet)	(check box when complete)
<200> <210>	Outage Reporting (voice)	no outages to report	(complete attached wo	rksheet)	
<310>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)		(attach descriptive do	•	
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (voice) Fixed Mobile Number of Complaints per 1,000 customers (broad Fixed Mobile				
<900> <1000> <1010> <1100> <1110>	Service Quality Standards & Consumer Protection Functionality in Emergency Situations Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers	(fy	(check to indicate certification certificati	ument) ication) ument) ksheet) ksheet) ksheet) cation) ument) cation)	
<2000> <2005>	Price Cap Carriers, Proceed to <u>Price Cap Additional</u> Including Rate-of-Return Carriers affiliated with Pric Rate of Return Carriers, Proceed to <u>ROR Additional</u>	e Cap Local Exchange C	Orriers (check to indicate certific (complete attached work	·	
<3000> <3005>	,		(check to indicate certific (complete attached works	·	

(100) Se	(100) Service Quality Improvement Renorting	
Data Cc	Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	
<015>	Study Area Name	One Company
<020>	Program Year	fired-market
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	ntified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030> jsa@ambt.net	
<110>	Has your company received its ETC certification from the FCC? (yes / no.)	
<111>	If your answer to Line <1.10> is yes, do you have an existing \$54.202(a) "5 Year plan" filed with the FCC? (yes / no)	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document (.pdf)
<113> <114> <115> <116> <117 <118>	Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service coverage How (USF) was used to improve service capacity How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met	

	Data Collection Form								NO Vlot	OMB Control No. 3060-0	Proc Form 401 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	3060-0819
<010> Stud	Study Area Code	اره				319032						
<015> Stud	Study Area Name	Je.				American Broadba	American Broadband and Telecommunications Company	ations Company				
- 1	Program Year					2014						
- 1	act Name -	Person USAC	should conta	Contact Name - Person USAC should contact regarding this data	s data	Jeffrey Ansted						
- 1	act Teleph	one Number	- Number of p	erson identified	in data line <	Contact Telephone Number - Number of person identified in data line <030> (419) 824-5810	0					
<039> Cont	act Email A	ddress - Ema	il Address of p	person identified	in data line <	Contact Email Address - Email Address of person identified in data line <030> jea@ambt . net						
<220>	<a>>	b	<	<	<h4></h4>	, t-2	(27)	7				
L	NORS				1	(T)	<73>		ê	\$	<8>	\$
Nu	υ ·	Outage Start Date	Outage Start Outage Start Date Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check	Did This Outage Affect Multiple Study Areas	Service Outage	Preventative
								, , , , , , , , , , , , , , , , , , , ,	/Aidds sain	(ca.) (ca.)	Nesoliduoni Mesoliduoni	Procedures
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3 Control No. 3060-0819									:	\$	Total per line Rates and Fees												
FCC Form 481 OMB Control No. 3060-0886/OMB Control No. 3060-0819	July 2013								94	Mandatory Extended Area	Service Charge												
1			ons Company						<h4></h4>		State Universal Service Fee												
			American Broadband and Telecommunications Company		ed	0			 6b3>	Coate Cultrarily and Land	state supscriber tine Charge					See attached worksheet							
		319032	American Bro	2014	Jeffrey Ansted	(419) 824-5810	<030> jsa@ambt.net	1/1/2013	462>	Residential Local	or and or and or					See atta	1						
					ng this data	ntified in data line <	ntified in data line	1/1	1 0	Rate Tvoe													
ata					contact regard	r of person ide	s of person ide	ctive Date ervice Charge	<a3></a3>	SAC (CETC)													1
(700) Price Offerings including Voice Rate Data Data Collection Form		de	me		Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030> jsa@ambt .net	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	<a2></a2>	Exchange (ILEC)													
(700) Price Offerings inc Data Collection Form		Study Area Code	Study Area Name	Program Year	Contact Name	Contact Teleph	Contact Email	Residential Loc Single State-wi	<a1></a1>	State													
(700) Pric Data Colle		<010>	- 1	- 1	- 1	- 1	<039>	<701> <702>	<703>														

ć	c010> Study Area Code		319	319032			2013 Anr		
<015> Stu	Study Area Name		Ane	rican Broadband a	American Broadband and Telecommunications Company	ons Company			
<020> Pro	Program Year		2014	14					
	ontact Name - Person USA	Contact Name - Person USAC should contact regarding this data		Jeffrey Ansted					
- 1	ontact Telephone Number	Contact Telephone Number - Number of person identified in data line <030>		(419) 824-5810					
<039> Co	ontact Email Address - Em	Contact Email Address - Email Address of person identified in data line <030>	ied in data line <030>	jsa@ambt.net					
<711>	<a1></a1>	<a2></a2>	 b1>	<	ŷ	<d1>></d1>	<d2></d2>	< d 3>	(4 4)
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbbs)	Usage Allowance (GB)	Usage Allowance Action Taken When
<u> </u>									
			Se	See attached					
			work	worksheet					
<u> </u>									
<u></u>									
<u> </u>									
1									

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819		an inne Commonne	arteria company								Cass Coing Business As Company or Reand Decienation	TOTAL OF THE PARTY		עקוופפו										
		end Telecommunication								(SAC		400	oce ditacileu worksineet										
(800) Operating Companies Data Collection Form	<010> Study Area Code 315032		<020> Program Year	Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030:	<039> Contact Email Address - Email Address of person identified in data line <030> jsa@ambt.net	<810> Reporting Carrier American Broadband and Telecommunications	Holding Company	<812> Operating Company American Broadband and Telecommunications	<813> <a1></a1>	Affiliates			000										

(000)		
Data Col	(300) Tilbat Lands Reporting	FCC Form 481
Data Data		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
70107	Cturky Array Code	
1010		312032
2010	ine	American Broadband and Telecommunications Company
<020>	Program Year	4
<030>	arding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	0> (419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	(O) jsawambt.net
<910>		
<920>	Tribal Government Engagement Obligation	
		Name of Attached Document (.pdf)
	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to 6.54.313(a)(9) includes:	
		Select
		(Yes,No, I NA)
<921>	Needs assessment and deployment planning with a focus on Tribal	
	community anchor institutions;	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) N Data Co	(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC For	FCC Form 481
		OMB Con July 2013	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	319032	
<015>	Study Area Name	American Broadband and Telecommunications Company	ns Company
<020>		2014	
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted	
<032>	- 1	(419) 824-5810	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsawambt.net	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

(1200) Te	(1200) Terms and Condition for Lifeline Customers	
Lifeline		
Data Col	Data Collection Form	UMB Control No. 3060-0986/UMB Control No. 3060-0819 July 2013
ć		
\$OTO>	Study Area Code	319032
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	e <030> (419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<1210>	<1210> Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of attached document (.pdf)
<1220>	Link to Public Website	HTTP www.americanassistance.com
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	<1223> Additional charges for toll calls, and rates for each such plan.	

(2000) P Data Col	(2000) Price Cap Carrier Additional Documentation Data Collection Form Including Retain Expanse Carriers Including Retain Expanse Carriers	FCC Form 481 OMB Cantrol No. 3060-0986/OMB Control No. 3060-0819	
	grand distribution of the control of		
<010>	Study Area Code	319032	
<015>	Study Area Name	American Broadband and Telecommunications Company	
<020>	Program Year		
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted	
<035>	- 1	(419) 824-5810	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jsakambt.net	
CHECK	the boxes below to note compliance as a recipient of Incremental Connect Ameri support as set forth in 47 CFR § 54.313(b),(c),(d),(d)	CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.	
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))		
<2011>			
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>			
<2013>			
<2014>	2015 Frozen Support Certification		
<2015>	> 2016 and future Frozen Support Certification		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	 Certification Support Used to Build Broadband 		
	Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017>			
<2018>	> 5th year Broadband Service Certification		
<2019>			
<2070>			
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient	pient	
	of CAF Phase II support shall provide the number, names, and addresses of	of	
	community anchor institutions to which began providing access to broadband	band	
	service in the preceding calendar year.		
<2021>	> Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	

ita Coli	Data Collection Form		OMB Control No. 3060-0086/OM9 Cantrol Ala 3060-000
			DIVID CONTROL NO. SUBD-0986/OMB CONTROL NO. 3060-0819
			July 2013
<010>	Study Area Code 319032		
¢015	Study Area Name	American Broadband and Telecommunications Company	
	Program Year 2014		
<035>	Contact Telephone Number - Number of person identified in data line <03	Jerres Angled	
<039>		1 !	
HECK 1	CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.	i its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the f CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.	g compliance with the financial reporting requirements set forth in 47 ched below is accurate.
	Progress Report on S Year Plan		
(3010)	Milestone Certification (47 CFR § 54 313(!)(!)()) Please theck this box to confirm that the attached PDF . on line 3012,	Name of Attached Document Listing Required Information	
(3011)	contains the required information pursuant to § \$4.313 (f){ 1}{th}, as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012) (3013) (3014)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(u)) is your company a Privately Held ROR Carrer (47 CFR § 54.313(f)(2)) if yes, closs your company file the RUS annual report Please check these boxes to confirm that the attachee DPF, on line 3017, contains the required information pursuant to 6.4.3.13(if)? comminger	Name of Attached Document Listing Required Information	(Yes/No)
(3015)	requires: Electronic copy of their annual RUS reports (Operating Report for		
3	lelecommunications Borrowers)] [
(3016)	PDF of Balance Sheet, income Statement and Statement of Cash Flows		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation. If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your exhauston on line 3018, please check the boxes below to confirm your exhauston on line 3018, please the set.	Name of Attached Document Listing Required Information	(Yes/No)
	committy your submission, on line 3026 pursuant to § 54.313(t)(2), contains:		
(3019)	Ether a copy of their audited financial statement, or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		00
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to §54 313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
(3023)	borrowers, Underlying information subjected to a review by an independent certified		
(3024)	public accountant Underlying information subjected to an officer certification.][
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier	 FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	319032
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Perso	on USAC should contact regarding this data
<035>	Contact Telephone N	umber - Number of person identified in data line <030> (419) 824-5810
<039>	Contact Email Addres	s - Email Address of person identified in data line <030> jsa@ambt . net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Title or position of Authorized Officer: Study Area Code of Reporting Carrier: Filling Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier			 	FCC Form 481		
Data Collection Form				OMB Control No	. 3060-0986/OMB Cor	ntrol No. 3060-0819
				July 2013		

<010>	Study Area Code	319032
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USA	AC should contact regarding this data Jeffrey Ansted
<035>	Contact Telephone Numbe	r - Number of person identified in data line <030> (419)824-5810
<039>	Contact Email Address - Em	nail Address of person identified in data line <030> jsa@ambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier I certify that (Name of Agent Mike Dover is authorized to submit the information reported on behalf of the reporting carrier. If also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Mike Dover Name of Reporting Carrier: American Broadband and Telecommunications Company Signature of Authorized Officer: CERTIFIED ONLINE Date: 10/11/2013 Printed name of Authorized Officer: President Telephone number of Authorized Officer: 419-824-5810 Study Area Code of Reporting Carrier: 319032 Filing Due Date for this form: 10/15/2013 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §5 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipient	s on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support re he data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information	
lame of Reporting Carrier: American Broadband and Telecommunications Company	
lame of Authorized Agent or Employee of Agent: Michael Dover	
ignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 10/11/2013
rinted name of Authorized Agent or Employee of Agent: Michael Dover	
itle or position of Authorized Agent or Employee of Agent Counsel for American Broadband and Telecommun	
elephone number of Authorized Agent or Employee of Agent: (312) 857-7087	
tudy Area Code of Reporting Carrier: 319032 Filing Due Date for this form: 10/15/20	13

Attachments

1	orm 481 - Carrier Annual Reporting Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010	Study Area Code	319022	
<015	Study Area Name	American Broadband and Telecommunicat	ions
<020>	Program Year	2014	
<030>	Contact Name: Person USAC should contact with questions about this data	Jeffrey Ansted	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	(419) 824-5810	
<039>	Contact Email Address: Email of the person identified in data line <030>	jsa%ambt.net	
			54.313 54.422 Completion Completion
ANNU	AL REPORTING FOR ALL CARRIERS		Required Required
<100>	Service Quality Improvement Reporting	(complete attached w	(check box when complete)
<200> <210>	Outage Reporting (voice)	(complete attached w	orksheet)
<300> <310> <320> <330>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)	(attach descriptive de	
<400> <410> <420> <430> <430> <440> <450>	Number of Complaints per 1,000 customers (voice) Fixed Mobile Number of Complaints per 1,000 customers (broad Fixed Mobile		
<800> <900> <1000> <1010> <1110> <1110>	Service Quality Standards & Consumer Protection R Functionality in Emergency Situations Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers	(check to indicate certificate (attached descriptive do (check to indicate certificate) (attached descriptive do (complete attached wo (complete attached wo (fomplete attached wo (complete attached wo (check to indicate certificate) (attach descriptive do (if not, check to indicate certificate) (complete attached wo (check to indicate certificate) (complete attached wo (c	cument) fication) cument) rksheet) rksheet) rksheet) fication) cumentl fication) fication rksheet]
<2000> <2005>	Price Cap Carriers, Proceed to <u>Price Cap Additional including Rate-of-Return Carriers affiliated with Price</u> Rate of Return Carriers, Proceed to <u>ROR Additional</u>	e Cap Local Exchange Carriers (check to indicate certif (complete attached wor	ksheet)
3005>		(complete attached wor	

(100) Se	(100) Service Quality Improvement Reporting	
Data Co	Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	
<015>	Study Area Name	
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <030> (419) 824-5810	
<039>	Contact Email Address - Email Address of person identified in data line <030> jsa@ambt.net	
<110>	Has your company received its ETC certification from the FCC?	
<111>>	4.202(a) "5	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "S year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ocument (.pdf)
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	
<113><114><114><114><116><116><116><116><116	Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service coverage How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met in the prior calendar year.	

	3							FC(ON July	FCC Form 481 OMB Control No. 3060- July 2013	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	o. 3060-0819
<010> Study Area Code	a Code				319022						
<015> Study Area Name	a Name				American Broadbar	American Broadband and Telecommunications	ations				
- 1	ear				2014						
	Contact Name - Person USAC should contact regarding this data	Should contac	t regarding this	s data	Jeffrey Ansted						
- 1	elephone Number	- Number of pe	rson identified	in data line <(Contact Telephone Number - Number of person identified in data line <030> (419) 824-5810	3					
<039> Contact Er	nail Address - Ema	il Address of pe	rson identifiec	in data line <	Contact Email Address - Email Address of person identified in data line <030> jsa&ambt.net						
<220> <a>	< b 1>	 	< b 3	ch4>	(10)						
NORS	_				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$75	\$B	(e)	÷	⟨B ⟩	< h >
Reference Number	ce Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of	911 Facilities Affected	Service Outage Description (Check	Did This Outage Affect Multiple Study Areas	Service Outage	Preventative
						CONCOUNTED	(165 / 140)	all that apply)	(Yes / No)	Resolution	Procedures
						bee attached					
					DM	worksheet					
		_	,			_					

IB Control No. 3060-0819								Ş	Total nor line and and line													
FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013								<	Mandatory Extended Area		11 Aug. 11 Aug											
FC ON Int		suo						 b4>	State Universal Service Fee													
		American Broadband and Telecommunications		pa	C			<63>	State Subscriber Line Charge					-	See attached worksheet							
	319022	American Bro	2014	Jeffrey Ansted	<030> (419) 824-5810	1 ' '	1/1/2013	 4b2>	Residential Local Service Rate						See atta	-						
:				ding this data	entified in data line	entified in data line	1/1	 4p1>	Rate Type													
Jata				contact regar	er of person id	ss of person id	ective Date service Charge	<a3></a3>	SAC (CETC)													
(700) Price Offerings including Voice Rate Data Data Collection Form	de	ıme		Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	Address - Email Addre	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	<2>>	Exchange (ILEC)													
(700) Price Offerings in Data Collection Form	Study Area Code	Study Area Name	Program Year	Contact Name	Contact Telep	Contact Email	Residential Lo Single State-w	<a1></a1>	State													
(700) Prii Data Coll	<010>	<015>	<020>	<030>	<035>	<039>	<701> <702>	<703>														

							rrol No. 3060-0986/	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code		319022	322					
<015> Study Area Name		Ame	rican Broadband a	American Broadband and Telecommunications	ons			
- 1			4					
- 1	Contact Name - Person USAC should contact regarding this data	is data Je	Jeffrey Ansted					
- 1	Contact Telephone Number - Number of person identified in data line <030>		(419) 824-5810					
<039> Contact Email Address -	Contact Email Address - Email Address of person identified in data line <030>		jsa@ambt.net					
<711>	<a2></a2>	 b1>	<	9	\{ 	(1)	447	
State	Exchange (H.EC)	D in the state of	State Regulated		Broadband Service - Download Speed	Broadband Service -	Usage Allowance	Usage Allowance
	12112 d	nesinellitäi nate	rees	Total Rate and Fees	(Mbps)	Upload Speed (Mbps)	(68)	Limit Reached (select)
		a.S	- See attached					
		Work	Workshoot					
			133116					

Andress - Email Address - Emai			
Study Area Code Study Area Manne Program Vear Contact Name - Person USAC should contact regarding this data Contact Name - Person USAC should contact regarding this data Contact Name - Person USAC should contact regarding this data Contact Name - Person USAC should contact regarding this data Contact Name - Person USAC should contact regarding this data Contact Name - Person USAC should contact regarding this data Contact Name - Person USAC should contact regarding this data Contact Name - Person USAC should contact regarding this data Contact Name - Person Name - Person Identified in data line < 0300 - 1611 to 12-15-15 to 1 Reporting Company Antitates Affiliates Affiliates See attached worksheet See attached worksheet See attached worksheet	Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Study Area Name Program Vear Contact Name - Person USAC should contact regarding this data Contact Name - Name			
Program Vear Contact Name - Person USAC should contact regarding this data Contact Lelephone Number - Number of person identified in data line <030, 14331 834-3810 Contact Email Address of Person identified in data line <030, 1583-8011. Reporting Carrier American Recognand and Telecommunications Holding Company American Recognand and Telecommunications Affiliates		ord for leading to the pre-	
Contact Name - Person USAC should contact regarding this data line		מוני לביפכסשיים וויינים ביינים	dus
Contact Telephone Number - Number of person identified in data line -0330	1		
Reporting Campany American Broadband and To Jecomounications Holding Company American Broadband and Telecomounications Cal> Affiliates Affiliates —See affached worksheet — —See affached worksheet —	- 1	01	
Reporting Carrier American Broadband and Telecommunications			
Holding Company American Broadband and Telecommunications Calb Affiliates Affiliates See attached worksheet See attached worksheet	<810> Reporting Carrier American Broadband and Telecommunications		
Coperating Company Aver i con Broadband and Tell accomunications Affiliates Affiliates SAC This is a communication worksheet	Holding Company		
Affiliates sAC —See attached worksheet—	Operating Сотрапу	***************************************	
Affiliates sac See attached worksheet		, Co.	
Affiliates SAC See attached worksheet		27P>	<833>
See attached worksheet	Affiliates	SAC	Doing Business As Company or Brand Designation
See attached worksheet			
See attached worksheet-			
		attached works	heet

(900) Tr	(900) Tribal Lands Reporting		
Data Co	Data Collection Form		FCC Form 481
			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	יים חסור	
<015>	Study Area Name		
<020>	Program Year	American broadband and lelecommunications	
<030>	ı	Jeffrey Ansted	
<032>	- 1	13O> (419) 824-5810	
<039>			
<910>		1	
<920>	Tribal Government Engagement Obligation		
		Name of Attached Document (.pdf)	
	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:		
		Select	
		(Yes, No,	
<921>	Needs assessment and deployment planning with a focus on Tribal	(44)	
	community anchor institutions;		
<922>	Feasibility and sustainability planning;		
<923>	Marketing services in a culturally sensitive manner;		
<924>	Compliance with Rights of way processes		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		
<927>	Compliance with Environmental Review processes		
<928>	Compliance with Cultural Preservation review processes		
<929>	Compliance with Tribal Business and Licensing requirements.		

(1100) N	(1100) No Terrestrial Backhaul Reporting	
Data Col		
}		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		STOZ AIDO
<010>	Study Area Code	319022
<015>	Study Area Name	American Broadband and Telecommunications
<020>	Program Year	2014
4030	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<032>		ı
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
, , , , , , , , , , , , , , , , , , ,	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 756 khns	
<1130		

Page 10 Printe Cap Carrier Additional Documentation FCC from 481		FCC Form 481	OMB Cantrol No. 3060-0986/OMB Cantrol No. 3060-0819 July 2013		nd Telecommunications				
	Price Can Carrier Additional Documentation	Talloction Course Administration	one-troil ruill ing Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers	order Ander Code	Study Area Name	Program Year	Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030>

American Broadband and Tolecomminications American Broadband and Tolecomminications 2014 2014 2014 3014 3016 3016 3016 3016 3016 3016 3016 3016		ı Carrier Additional Documentation		FCC Form 481
13 13 14 14 15 15 15 15 15 15	Data Co			OMB Control No. 3060-0986/OMB Control No. 3060-0819
State Stat				
All the first times to contact the requirement of the first contact the requirement of the first contact the requirement of t	<010>	Study Area Code		
Chief City Research (Control City Change) Content Control City City City City City City City City	\$ 6	Study Area Name	Mondond and Telecommunications	
4035 Correct the lightoner Number of person identified in data line of 2010 153 153 151 151 151 151 151 151 151 151	<030>	Contact Name - Person USAC should contact reparding this data	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Cliff City bears below to necessary and Address of person identified in data line clip) - September of the New Section of the Compact from It Address to Com	<035	Contact Telephone Number - Number of person identified in data line <03	1ej Ansted (419) 824-5810	
CHECK the bases below to note complaine on the free years service quality glass (particle below in accordance on the presented of \$4.3.3.19[1][1][1][1][1][1][1][1][1][1][1][1][1][<039>	Contact Email Address - Email Address of person identified in data line <030>	jsa@ambt.net	
Progress Report on S Year Plan	CHECK	the boxes below to note compliance on its five year service quality plan (pursua CR\$ 543.319(12), further certify that the	tto 47 CFR 5 54.202(a) and, for privately held carriers, ensuring information enemals.	compliance with the financial reporting requirements set forth in 47
Mane of Attached Document Listing Required Information (art CRR § 54 313(I)Lib)) Passa for enter this box to confirm that the attached PDP, on line 3012, croplain the required Information (art CRR § 54 313(I)Lib)) Rame of Attached Document Listing Required Information of CRR § 54 313(I)Lib) Rame of Attached Document Listing Required Information to which began providing access to broadband severe in the preceding clandar year. Community Anchor Institutions (a Or R § 54 313(I)Lib) Rame of Attached Document Listing Required Information to which began providing access to broadband severe in the preceding clandar year. Community Anchor Institutions (a Or R § 54 313(I)Lib) compliance are severed to broadband severe in the preceding clandar year. Community Anchor Institutions (a Or R § 54 313(I)Lib) compliance are severed to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54 313(I)Lib) compliance are severed in the presponse is yet on line 3014, attach your company addited? PDF of Balance Sineet, income Statement and Statement to (2.a) Financial report in a formation pursuant to (2.a) Infancial report in the response is yet on line 3014, yet your company addited? The response is yet on line 3014, yet your company should be a formation of the response is yet on line 3014, pursuant to § 54.313(I)C). The response is yet on line 3014, pursuant to § 54.313(I)C). Annual mous addited financial statement which has been subject to reverse by an independent certified public accountant who has been subject to reverse by an independent certified before the representation subjected to a review by an independent certified before the representation subjected to a review by an independent certified before the representation subjected to a review by an independent certified before the representation subjected to a review by an independent certified before the subject of the representation subjected to a review by an independent certified before the representation subjected to a r		Progress Report on 5 Year Plan	e montage de la companya de la compa	hed below is accurate.
recipient of Ceft Phase is upported information pursuant to \$ 54 313 ([1)[4], as a addresses of community anchor institutions that the generation of the community and provide the number, names, and addresses of community anchor institutions to which bega provoding access to broadband service in the preceding calendar year. Community Anchor institutions (47 CEF § 54 313([1][4]) If year company a Private He ROR Carrier (47 CEF § 55 3131([1][4])) If year company a Private He ROR Carrier (47 CEF § 55 3131([1][4])) If year company a Private He ROR Carrier (47 CEF § 54 3131([1][4])) If year company a Private He ROR Carrier (47 CEF § 54 3131([1][4])) If year company a Private He ROR Carrier (47 CEF § 54 3131([1][4])) Per operation copy of these annual RUS reports (Operating Report for Telecommunications becrowers) Per of Balance Sheet, income Statement and Statement of Cash Flows If the response is tyes on line 3013, please check the boose below to confirm your submission on line 3026 pursant to \$ 54 3131([1][4]). Management leter issued by the independent certified public accountant that performed its company, financial statement and Statement of Cash Flows Management electric state on line 3018, please check the boose below to confirm your submission on line 3026 pursant to \$ 54 3131([1][4]). Copy of their mander described by the independent certified public accountant that performed its company, financial statement and Statement of Cash Flows Management leter issued by the independent certified public accountant that performed its company and the Arman statement and Statement of Cash Flows Management companable to NBC Operating Report for Telecommunications Disconlishing information subjected to a review by an independent certified public accountant of Cash Flows Management sheet in the or Statement and Statement of Cash Flows Management of Statement of Cash Flows Management companable to NBC Operating Report for Telecommunications Management companable to NBC Operating Report for Telecommunicati	(3010)		Name of Attached Document Listing Required information	
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PDF of Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, attach your company audited? If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)2), contains Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2). Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a formatic comparable to RUS Operating Report for Telecommunications Borrowers. Underlying information subjected to an officer certification. PDF of Balance Sheet, income Statement and Statement of Cash Flows Attach the worksheet itsting required information	(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
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Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below for confirm your submission, on line 3026 pursuant to § 54.3134[12], contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a financial complication in subjected to a review by an independent certified bublic accountant. Underlying information subjected to a review by an independent certified Underlying information subjected to an officer certification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information		If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		(les)(no)
PUP of Balance Sheet, Income Statement and Statement of Cash Flows Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), condans: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a fornowers, Underlying information subjected to a review by an independent certified Underlying information subjected to a review by an independent certified Underlying information subjected to an officer certification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information	(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
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public accountant Underlying information subjected to an officer certification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information	(3023)	Borrowers, Underlying information subjected to a review by an independent certified		
PDF of Balance Sheet, Income Statement and Statement of Gash Flows Attach the worksheet listing required information	(3024)	public accountant Underlying information subjected to an officer certification.][
Attach the worksheet listing required information	(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
	(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier			FCC Form 481
Data Collection Form		No.	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		<u> </u>	July 2013

<010>	Study Area Code	319022
<015>	Study Area Name	American Broadband and Telecommunications
<020>	Program Year	2014
<030>	Contact Name - Perso	on USAC should contact regarding this data — Geffrey Ansted
<035>	Contact Telephone N	umber - Number of person identified in data line <030> (419) 824-5810
<039>	Contact Email Addres	ss - Email Address of person identified in data line <030> jsa«ambt . net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients						
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.						
Name of Reporting Carrier:						
Signature of Authorized Officer:		Date				
Printed name of Authorized Officer:						
Title or position of Authorized Officer:						
Telephone number of Authorized Officer:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					
Persons willfully making false statements on this form ca	n be punished by fine or forfeiture under the Communications Act of 1934, 4 under Title 18 of the United States Code, 18 U.S.C. § 1001.	7 U.S.C. §§ 502, 503(b), or fine or imprisonment				

	tion - Agent / Carrier lection Form		FCC Form 481. OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	319022	
<015>	Study Area Name	American Broadband and Telecommunications	
<020>	Program Year	2014	
<030>	Contact Name - Person USA	should contact regarding this data	
<035>	Contact Telephone Number	Number of person identified in data line <030> (419) 824-5810	
<039>	Contact Email Address - Ema	Address of person identified in data line <030> jsa@ambt.net	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent <u>Mike Dover</u> also certify that I am an officer of the reporting carrier; my respons agent; and, to the best of my knowledge, the reports and data prov	is authorized to submit the information reported on behalf of the reporting carrier ibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized ided to the authorized agent is accurate.
Name of Authorized Agent: Mike Dover	
Name of Reporting Carrier: American Broadband and Teleco	mmunications
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 10/11/2013
Printed name of Authorized Officer: Jeffrey Ansted	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: 419-824-5810	
Study Area Code of Reporting Carrier: 319022	Filing Due Date for this form: 10/15/2013

TO BE COMPLETED BY THE AUTHORIZED AGENT:

certification of Agent Authoriz	ed to File Annual Reports for CAF	or Li Recipients on Beha	if of Reporti	ng Carrier
I, as agent for the reporting carrier, certify that I am authorized to s the data reported herein based on data provided by the reporting c	submit the annual reports for universal se carrier; and, to the best of my knowledge,	rvice support recipients on the information reported h	behalf of the re	porting carrier; I have provided e.
Name of Reporting Carrier: American Broadband as	nd Telecommunications			
Name of Authorized Agent or Employee of Agent: Michael Do	ver			
Signature of Authorized Agent or Employee of Agent: CERTIFIED	O ONLINE		Date:	10/11/2013
Printed name of Authorized Agent or Employee of Agent: Michae	l Dover			
Title or position of Authorized Agent or Employee of Agent Counse	el for American Broadband and T	elecommun		
Telephone number of Authorized Agent or Employee of Agent: (312	2) 857-7087			
Study Area Code of Reporting Carrier: 319022	Filing Due Date for this form:	10/15/2013		

Attachments

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		ions									Doing Business As Company or Brand Designation	T	Amelican bloaumand and relecommunications											
		American Broadband and Telecommunications								<9.7>	SAC	310000												
(800) Operating Companies Data Collection Form	<010> Study Area Code 319022	Study Area Name	Program Year	- 1	Contact Telephone Number - Number of person identified in data line <030>	<039> Contact Email Address - Email Address of person identified in data line <030> 3saðambt .net	<810> Reporting Carrier American Broadband and Telecommunications	Holding Company	<812> Operating Company American Broadband and Telecommunications	<813> <a1></a1>	Affiliates	None												

7	orm 481 - Carrier Annual Reporting	1.0			FCC Form 481 OMB Control No. 30 July 2013	60-0986/OMB Control I	No. 3060-0819
<010	> Study Area Code	309003					
<015	> Study Area Name	American Bro	adband and	l Telecommunio	cations Company		
<020	> Program Year	2014					
<030	 Contact Name: Person USAC should contact with questions about this data 	Jeffrey Ans	ted				
<035	 Contact Telephone Number: Number of the person identified in data line <030a 	(419) 824-5	810				
<039>	Contact Email Address: Email of the person identified in data line <030>	jsa@ambt.ne	et.				
						54.313 Completion	54.422 Completion
ANNU	AL REPORTING FOR ALL CARRIERS					Required	Required
<100>	Service Quality Improvement Reporting			(complete attached	l worksheet)	(check box wh	en completej
<200> <210>	Outage Reporting (voice)	no outages to r		(complete attached	l worksheet)		
<300>	Unfulfilled Service Requests (voice) Detail on Attempts (voice)			(attach descriptive	e document)	15	
<320> <330>	Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)			(attach descriptive	document)		
<400> <410> <420>	Number of Complaints per 1,000 customers (voice) Fixed Mobile Number of Complaints per 1,000 customers (broad						
<440> <450>	Fixed Mobile	banu)				L la	
<500> <510>	Service Quality Standards & Consumer Protection R	ules Complian		(check to indicate co			
<600>	Eunctionality in Emergency Situations			ittached descriptive (check to indicate ce			
<610>			la	ttached descriptive	document)		
<700>	Company Price Offerings (voice) Company Price Offerings (broadband)			complete attached			
	Operating Companies and Affiliates			complete attached complete attached			7
	Tribal Land Offerings (Y/N)?			complete attached	,		181818
	Voice Services Rate Comparability		1	check to indicate ce	ertification)		
<1010>				(attach descriptive	document)	\frac{1}{2}	11111
<1100> <1110>	Terrestrial Backhaul (Y/N)?			check to indicate ce			
	Terms and Condition for Lifeline Customers			complete attached v complete attached v			/
	Price Cap Carriers, Proceed to Price Cap Additional Including Rate-of-Return Carriers affiliated with Price						
<2000>	ge.c ofe.c sarriers affinited with Frici	L Jup Locui LAC	-	rers check to indicate cei	rtification)		1888
<2005>		_	(6	complete attached w			
<3000×	Rate of Return Carriers, Proceed to ROR Additional	Documentatio			ver v	1.	N. N. N. N. N.
<3000> <3005>				check to indicate cer complete attached w			

collection Form collo> Study Area Code collo> Study Area Name collo> Study Area Name collo> Study Area Name collo> Program Year collo> Program Year collo> Contact Name - Person USAC should contact regarding this data collo> Contact Telephone Number - Number of person identified in data line collo collo> Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 cllo> Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 cllo> Attach Five-Year Service Quality Improvement Plan or, in subsequent years your annual propress report filed outstant to differ or in subsequent years your annual propress report filed outstant to differ or in subsequent years your annual propress report filed outstant to differ or in subsequent years your annual propress report filed outstant to differ or in subsequent years your annual propress report filed outstant to differ or in subsequent years your annual propress report filed outstant to differ or in subsequent years your annual propress report filed outstant to differ or in subsequent years your annual propress report filed outstant filed outstant to differ or in subsequent years years and the differ of th		
		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		suly 2013
	309003	
	American Broadband	American Broadband and Tolercommunications com-
	2014	ore consolination company
	Contact Name - Person USAC should contact regarding this data	jo
	:a line <030;	8810
í í	Contact Email Address - Email Address of person identified in data line <030> jsaaambt.net	iet
		(yes / no) O
		(yes / no) O O
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.	
CETC which only receives frozen support, yo required to address voice telephony service.	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	TI.
Please check these boxes below to confirm 112, contains a progress report on its five-y plan pursuant to § 54.202(a). The informati center level or census block as appropriate.	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document (.pdf)
 <113> Maps detailing progress towards meeting plan tal <114> Report how much universal service (USF) support <115> How (USF) was used to improve service quality <116> How (USF) was used to improve service coverage <117> How (USF) was used to improve service capacity <118> Provide an explanation of network improvement in the prior calendar year. 	Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality How (USF)was used to improve service coverage How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met in the prior calendar year.	

1992 Study Actor Cote 1992 Study Act	(200) Serv	vice Outage R	(200) Service Outage Reporting (Voice)	je)									
Study Acea Kone Percent Name P	Data Coll	ection Form					;			PCC ON ON	. Form 481 IB Control No. 3060- 2013	0986/OMB Control No	5. 3060-0819
Program Prog	<010>	Study Area Co	ap.				309003						
Court Manne Percon total Annual Percon total	<015>	Study Area N	ame										
Contact Name - Person USAC Abould contact regarding this data Inc. 4010 Contact Name - Number of person identified in data line 4010 514316 514-5510	<020>	Program Year					American broadbar	nd and Telecommunic	ations Company				
Contact Tielphone Number Number of person identified in data line 433p 543-5810 Address of person identified in data line 433p 543-5810 Address of person identified in data line 433p Seasanth: net Address of person identified in data line 433p Seasanth: net Address of person identified in data line 433p Seasanth: net Address of person identified in data line 433p Address of person identified in data	<030>	Contact Name	e - Person USAC	should contac	t regarding this		Jeffrey Ansted						
Contact Final Address - Family Address of person identified in data line - CO3D - Section 2. CLD C	<035>	Contact Telep	յիօոе Number -	Number of pe	rson identified	in data line <0	30> (419) 824-5810						
NORS Reference Outage Start Outage End Outage End Customers Affected Total Number of N	<039>	Contact Email	l Address - Emai	Address of pe	erson identified	in data line <0	30> jsa@ambt.net						
NOSS Reference Outage Start Outage End Time Customers Affected Total Number of Affecte	600	į	•										
outage Start Outage End Time Customers Affected Total Number of Time Customers Affected Total Number of Affected Outage End Time Customers Affected Total Number of Affected Outage Affected Total Number of Affected Outage A	<077>	<a>Sa> NORS	\$1\$	<	¢ĝ3	 644>	<0.1>	<0.2>	<	<e>></e>	\$	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	÷
Hesolution (1997) Hesolution (Reference Number	Outage Start Date	Outage Start Time		Outage End Time	Number of Customers Affected		911 Facilities Affected	Service Outage Description (Check	Did This Outage Affect Multiple Study Areas	Service Outage	Preventative
worksheet								5171100000	(ON / COL)	all that apply)	(Yes / No)	Resolution	Procedures
Worksheet													
Worksheet													
Worksheet													
Worksheet													
Worksheet See attached													
Worksheet Worksheet													
worksheet								See attachet					
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	3 Control No. 3060-0819								;	Total ner line Bates and Engl											
	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819	y 2013							\ \	Mandatory Extended Area											
	O SO			ons company					 6b4>	State Universal Service Fee											
	Š.		in the property of the propert	2014	ed	0			463>	State Subscriber Line Charge					See attached worksheet						
		309003	American Bro	2014	Jeffrey Ansted	<030> (419) 824-5810	Contact Email Address - Email Address of person identified in data line <030> jsawambt.net	1/1/2013	 	Residential Local Service Rate					See atta						
					ng this data	ntified in data line	ntified in data line	17	 4p1>	Rate Type											
ata					contact regardi	er of person ide	ss of person ide	ctive Date ervice Charge	<a3></a3>	SAC (CETC)											
(700) Frice Offerings including Voice Rate Data		de	me		Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	Address - Email Addre	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	<95>	Exchange (ILEC)											
ce Orienings in	Data Collection Form	Study Area Code	Study Area Name	,	- 1	Contact Telep	Contact Email	Residential Lo Single State-w	<a1></a1>	State											
	Data Col	<010>	<015>	<020>	930	<035>	¢039	<701> <702>	<703>												

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Data Collection Form								
						OMB Cont	trol No. 3060-0986/0	OMB Control No. 3060-0986/OMB Control No. 3060-0819
						July 2013		
<010> Study Area Code	Q.I	3.0	309003					Control of the Contro
ı	91	An	erican Broadband a	American Broadband and Telecommunications Company	ons Company			
- [2014					
<030> Contact Name -	Contact Name - Person USAC should contact regarding this data	ing this data	Jeffrey Ansted					
	Contact Telephone Number - Number of person identified in data line <030>	ntified in data line <030>	(419) 824-5810					
<039> Contact Email A	Contact Email Address - Email Address of person identified in data line <030>	entified in data line <030>	jsa@ambt.net					
<711> <41>	<a2></a2>	 4b1>	<	\$	<q1>></q1>	<d2></d2>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, c445
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbbs)	Usage Alfowance	Usage Allowance Action Taken When
							(22)	ביווור ווכמרוובת לספוברו ל
			-					
		χ̈́	see attached					
		Wor	worksheet					

FCC Form 481	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			ons Company								<a3></a3>	Doing Business As Company or Brand Designation			Jaau										
			Omerican Dynashrah and mile	and lelecommunicat								<4a>>	SAC		براسويين استمطعهم	See ditacined worksheet										
(800) Operating Companies Data Collection Form		<010> Study Area Code		<020> Program Year	- 1	a line <030;	<039> Contact Email Address - Email Address of person identified in data line <030> jsa aambt. net	<810> Reporting Carrier American Broadband and Telecommunications	<811> Holding Company American Broadband and Telecommunications	<812> Operating Company American Broadband and Telecommunications	<813>		Affiliates			ם שם מיים יים יים יים יים יים יים יים יים י										

(900) Tri	(900) Tribal Lands Reporting	
Data Col	Data Collection Form	
		UMB Control No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	309003
<015>	Study Area Name	American Broadband and Telecommunications Common.
<020>		2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030> (419) 824-5810	J3O> (419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030> jsavambt.net	030> jsavambt.net
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	
		Name of Attached Document (.pdf)
	If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	
		Select
		(Yes,No,
<921>	Needs assessment and denlovment planning with a focus on Tribal	NA)
	community anchor institutions:	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<976>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1200) T	(1200) Terms and Condition for Lifeline Customars		
Lifeline			FCC Form 481
Data Co	Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	309003	77
<015>		American Broadband and Telecommunications Communications	internated provide
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted	
<035>	1	1	
<039>	Contact Email Address - Email Address of person	<030> jsa@ambt.net	
<1210>	<1210> Terms & Conditions of Voice Telephony Lifeline Plans		
		Name of attached document (.pdf)	
<1220>	Link to Public Website	HTTP www.americanassistance.com	
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)[2) annual reporting for ETCs receiving low-income support, carriers must annually report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	N	
<1222>	Details on the number of minutes provided as part of the plan,	<u></u>	
<1223>	<1223> Additional charges for toll calls, and rates for each such plan. \square		

	FCC Form 481	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013							set access charge reductions, and Connect America Phase II ed below is accurate.											[
		ocal Exchange Carriers	נטטטנ	Municipal Brandless Company	American broaddand and lelecommunications Company		100 Oct.	ritified in data line <030> (419) 824-5810	tal Connect Americ: 54.313(b),(c),(d),(e)	(ition (47 CFR § 54.312(a))					CFR § 54.313(d))	pu	3(e))				iched PDF on line 2021	to § 54.313 (e)(3)(ii), as a recipient	riber, rannes, and addresses of an providing access to broadband		ions Name of Attached Document Listing Required Information
(2000) Price Cap Carrier Additional Documentation	Data Collection Form	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	Study Area Code	Study Area Name	Program Year	Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of service 4 :-	Contact Email Address - Email Address of person identified in	e boxes below to note compliance as a recipient of Incremen support as set forth in 47 CFR §	Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)[1])	3rd Year Certification {47 CFR § 54.313(b)(2)}	Price Cap Carrier Receiving Frozen Support Certification (47	2013 Frozen Support Certification	2014 Frozen Support Certification	2015 Frozen Support Certification	2016 and future Frozen Support Certification	Price Cap Carrier Connect America ICC Support (47 CFR § 54.	Certification Support Used to Build Broadband	Connect America Phase II Reporting {47 CFR § 54.313{e}}	3rd year Broadband Service Certification	5th year Broadband Service Certification	Interim Progress Certification	Please check the box to confirm that the attached PDF on line 2021	contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II sunnort shall provide the market.	community anchor institutions to which began providing access to broadband	service in the preceding calendar year.	Interim Progress Community Anchor Institutions
(2000) Pr	Data Coll	Including	<010>	<015>	<020>	<030>	<035>	<039>	CHECK th	<2010>	<2011>	,	<7107>	<2013>	<2014>	<2015>		<2016>		<2017>	<2018>	<2019>	<2020>				<2021>

(3000) R	(3000) Rate Of Return Carrier Additional Documentation		100 Earn 404
Data Col	Data Collection Form		OMB Control No. 2000 none forms Control
	с полиционня на применя основащення на	THE RESIDENCE OF THE PROPERTY	July 2013
<010>	Study Area Code 309003		
<015>	Study Area Name	American Broadband and Telecommunications Company	
\$030	Contact Name - Descen 115AC charied access	7	
<035>	Contact Telephone Number - Number of person identified in data line con	Jeitrey Ansted	
<039>	1 1	sasambt.net	
100 mg - 400 mg - 440			
CHECK	below to note compliance or	its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the fi CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.	compliance with the financial reporting requirements set forth in 47 hed below is accurate.
	Progress Report on 5 Year Plan		
(3010)	Milestone Certification (47 CFR § 54,313(f/1)(i)) Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	
(3011)]
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)[1][ii]]	Name of Attached Document Letter Document July	
(3014)		מינים מספרונים במאוף הפלמובת וואסווושנוטו	(Yes/No)
(3015)	Fregues : Fregues (Operating Report for Telecommunications Borrowers)		
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3017)	if the response is yes on line 3014, attach your company's RUS annual report and all required documentation if the response is no on line 3014, is your company audited?	Name of Attached Document Listing Required Information	(řes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial statement, or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit		
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
(3023)	Borrowers, Underlying information subjected to a review by an independent certified onthir acronimonant.		
(3024)	prome accountain. Underlying information subjected to an officer certification.		
(3052)			
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

	ion - Reporting Carrie ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	309003
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person	USAC should contact regarding this data
<035>	Contact Telephone Nur	ber - Number of person identified in data line <030>(419) 824 - 5810
<039>	Contact Email Address	Email Address of person identified in data line <030> jsa@ambt.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to	the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients
	onsibilities include ensuring the accuracy of the annual reporting requirements for universal service support In reported on this form and in any attachments is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
rinted name of Authorized Officer:	
itle or position of Authorized Officer:	
Felephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form ca	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	tion - Agent / Carrier lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	309003	1017 2023
<015>	Study Area Name	American Broadband and Telecommunications C	Company
<020>	Program Year	2014	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030> (419) 824-5810
 <030> Contact Email Address - Email Address of person identified in data line <030> jsa@ambt . net

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier I certify that (Name of Agent) (Name of Agent)

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	rized to File Annual Reports for CAF or	LI Recipients on Behalf of Repor	ting Carrier
i, as agent for the reporting carrier, certify that I am authorized to the data reported herein based on data provided by the reporting	o submit the annual reports for universal ser g carrier; and, to the best of my knowledge, t	vice support recipients on behalf of the he information reported herein is accu	reporting carrier; I have provided
······································	and Telecommunications Company		
Name of Authorized Agent or Employee of Agent: Michael D	Dover		
Signature of Authorized Agent or Employee of Agent: CERTIFI	ED ONLINE	Date	10/11/2013
Printed name of Authorized Agent or Employee of Agent: Micha	ael Dover		
Fitle or position of Authorized Agent or Employee of Agent Coun	nsel for American Broadband and Te	lecommun	
Felephone number of Authorized Agent or Employee of Agent: (3	12) 857-7087		
Study Area Code of Reporting Carrier: 309003	Filing Due Date for this form:	10/15/2013	

Attachments

FCC Form 481 OMB Control No. 3060-0386/OMB Control No. 3060-0819 July 2013		Lions Company								<a3></a3>	Doing Business As Company or Brand Designation	Dmerican Broadband and molecularies	Time Telecommunications											
		American Broadband and Telecommunications Company								<a2></a2>	SAC	309003											- 1	
	30903	American Broadbar	2014		a line <030>	Contact Email Address - Email Address of person identified in data line <030> jsadambr .net	American Broadband and Telecommunications	American Broadband and Telecommunications	American Broadband and Telecommunications	<a1></a1>	Affiliates													
(800) Operating Companies Data Collection Form	- 1	- 1	<020> Program Year	<030> Contact Name - Person USAC should contact regarding this data	. !	<039> Contact Email Address - Email Add	<810> Reporting Carrier Ametri	Holding Company	λt	<813>		None												

1	orm 481 - Carrier Annual Reporting Collection Form		OM	E Form 481 IB Control No. 3060- 2013	0986/OMB Control	No. 3060-0819
<010	> Study Area Code	309010				
<015	> Study Area Name	American Broadband and	Telecommunications	Company		
<020	Program Year	2014				
<030	Contact Name: Person USAC should contact with questions about this data	Jeffrey Ansted				···
<035	Contact Telephone Number: Number of the person identified in data line <030:	(419) 824-5810 >				
<039>	Contact Email Address: Email of the person identified in data line <030>	jsa⊕ambt.net				
ANNU	AL REPORTING FOR ALL CARRIERS				54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting	ľ	complete attached workshee	etj	(check box wh	en complete)
<200> <210>	Outage Reporting (voice)	no outages to report	complete attached workshee	et)		
<310>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)		(attach descriptive documen	,		
<400> <410> <420> <430> <440> <440>	Number of Complaints per 1,000 customers (voice) Fixed Mobile Number of Complaints per 1,000 customers (broad Fixed Mobile			ļ		all II
<900>	Service Quality Standards & Consumer Protection R Functionality in Emergency Situations Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability	(at (c (c (c (c (if yes, c (c	check to indicate certification tached descriptive document icheck to indicate certification tached descriptive document omplete attached worksheet omplete attached worksheet pumplete attached worksheet, pemplete attached wordsheet, pemplete attach			
<1110>	Terrestrial Backhaul (Y/N)?	(if not, ci	heck to indicate certification) omplete attached worksheet) omplete attached worksheet)	, Î		
	Price Cap Carriers, Proceed to Price Cap Additional Including Rate-of-Return Carriers affiliated with Price	e Cap Local Exchange Carri (ct				
<3000> <3005>	Rate of Return Carriers, Proceed to <u>ROR Additional</u>	(ch	t seck to indicate certification) implete attached worksheet)			

(100) Se	(100) Service Quality Improvement Reporting	
Data Cc	Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	
<015>	Study Area Name	
<020>	Program Year 2014	
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	tified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030> jsaa3ambt.net	
<1110>	Has your company received its ETC certification from the FCC? (yes / no.)	
<111>	your answer to Line <110> Is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC? (yes / no)	
<112>	If your answer to Line <111> is yes, then you are required to file a progress. report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ment (.pdf)
4113 4114 4115 4116 4117 4118	Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service coverage How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met in the prior calendar year.	

(200) Ser	rvice Outage R	(200) Service Outage Reporting (Voice)	(e)						ECC	ECC Form 481		
ספוש כס	vata conection rorm								No :	B Control No. 3060-	OMB Control No. 3060-0986/OMB Control No. 3060-0819	3060-0819
									yını	July 2013		
<010>	Study Area Code	ode				309010						
<015>	Study Area Name	ame				American Broadbar	American Broadband and Telecommunications Company	Sations Company				
<020>	Program Year					2014		7				
<030>	Contact Nam	Contact Name - Person USAC should contact regarding this data	Should contac	ct regarding this	s data	Jeffrey Ansted						
<035>	Contact Telep	Contact Telephone Number - Number of person identified in	- Number of pe	erson identified	in data line <0	data line <030> (419) 824-5810						
<039>	Contact Email	Contact Email Address - Email Address of person identified in	il Address of pu	erson identified	in data line <	data line <030> jsašambt.net						
<220>	\9	40 < b 1 > 0	<	<h3></h3>	Ą							
	NORS				+0	<to></to>	<73>	\$p\$	<e>></e>	÷	<8>	<h>></h>
	Reference	Outage Start Date	Outage Start Outage Start Date Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas	Service Outage	Preventative
									A de la constante de la consta	(163) (10)	resolution	Procedures
							See attached					
						DM	worksheet					

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1/20	
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-	

4010> Study Area Code 4015> Study Area Name 4020> Program Year 4030> Contact Name - Person USAC should contact regarding this data 4030> Contact Telephone Number - Number of person identified in data line 4030> 4039> Contact Email Address - Email Address of person identified in data line 4030>	American Broadband and Telecommunications Company	and Telecommunication CC> Total Rate and Fees	cd1> cd1> Company (Mbps)		roi No. 3060-0986/c	OMB Control No. 3060-0986/QMB Control No. 3060-0819 July 2013
	American Broadband a 2014 2014 Jeffrey Ansted Jeffrey Ansted (419) 824-5810 E < 030> 18a3ambt.net L> < b2> State Regulated fees	nd Telecommunicatio	cd1> Rroadband Service - (Mbps)	cd2> Broadband Service - Upload Speed (Mbps)		
	American Broadband a 2014 2014 3effrey Ansted <030> (419) 824-5810 e<030> 15aaambt.net > https://doi.org/10.10/4/19.154-5810 State Regulated Fees	ACP	cd1> Roadband Service - Download Speed (Mbps)	cd2> Broadband Service - Upload Speed (Mbps)		
	2014 Jeffrey Ansted 3-6230> (419) 824-5810 e-6230> 1saaambt.net	<c></c>	<d1> Broadband Service - Download Speed (Mbps)</d1>	<d2> <d2> Broadband Service - Upload Speed (Mbps)</d2></d2>		
	(41)		<d1> Broadband Service - Download Speed (Mbps)</d1>	<d2> d2> Broadband Service - Upload Speed (Mbps)</d2>		
	(4) si [<d1> Broadband Service - Download Speed (Mbps)</d1>	<d2> d2> Broadband Service - Upload Speed (Mbps)</d2>		
	3		<di>><di>><di>><di>Download Service - (Mbps)</di></di></di></di>	<d2></d2>		
<a>> ca>> state Exchange (ILEC)			cd1> Broadband Service - Download Speed (Mbps)	<d2> kroadband Service - Upload Speed (Mbps)</d2>		
Exchange (ILEC)			Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	<d3></d3>	chts
		_			Usage Allowance	Usage Allowance Action Taken When
						מוניין ווכפרובה ופפרון ל
	See attached					
	worksheet					

FCC Form 481	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		יייבישרט.	l roducari								Daing Businese As Command as Desid Designation												
			American Broadband and Telecommunications Commen								<92>	SAC		See attached worksheet										
(800) Operating Companies		<010> Study Area Code 309010	<015> Study Area Name	<020> Program Year	<030> Contact Name - Person USAC should contact regarding this data Jeffrey Ansced	<035> Contact Telephone Number - Number of person identified in data line <030> (419) 824-5810	<039> Contact Email Address - Email Address of person identified in data line <030> jsa@ambt.net	<810> Reporting Carrier American Broadband and Telecommunications	<811> Holding Company American Broadband and Telecommunications	<812> Operating Company American Broadband and Telecommunications	<813> <a1></a1>	Affiliates												

(1100) N Data Coll	(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	309010
<015>	Study Area Name	American Broadband and Telecommunications Commanu
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	deffrey Angred
<035>	Contact Telephone Number - Number of person identified in data line 2020.	1110. Onl. 601.0
<039>	Contact Email Address - Email Address of person identified in data line <030>	(*12) 644-5810 isavambt.net
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

(2000) Pr	(2000) Price Cap Carrier Additional Documentation		Г
(200-1	to tap carrier Additional Detaillementation	FCC Form 481	
Data Coll	Data Collection Form		
Including	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	The second secon	
2010>	Chirdy Area Code		
<015		The ending of the transfer of	
<020>		Amezican zioadoana ana lefecommunicationi company	
020			
1000	₽	Ansted	
<032>		(419) 824-5810	
<039>	Contact Email Address - Email Address of person identified in data line <030> js:	jsakambt.net	
CHECK t	he boxes below to note compliance as a recipient of Incremental Connect America Pl support as set forth in 47 CFR § 54.313(b),(c),(d),(e) th	CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.	
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(h)(1))		
<2011>	3rd Vear Certification (47 CED & CA 212(NV))		
	יות ובפו הבניוורפונסון (א) הנא S סאיסוס(ן)		
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband		
	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification		
<2018>	5th year Broadband Service Certification		
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached PDF, on line 2021,		
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient		
	of CAF Phase II support shall provide the number, names, and addresses of		
	community anchor institutions to which began providing access to broadband		
	service in the preceding calendar year.		
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	

309010		Carrier Additional Docu		FCC Form 481
Particle and the proposed of the property of t	3			OMB Centrol No. 3060-0986/OMB Centrol No. 3060-0819
Subject Science STATE Comment State Comm	-	MATERIAL STREET, STREE		July 2013
Secretarion from the company of the	6	Study Area Code		
To Constitute the restorable before to constitute the state of the sta	<u> </u>	Study Area Name Program Year	coadband and Telecommunications Company	
The bear when the complainer, bearing of states to the control to	I∆i.	Contact Name - Person USAC should contact regarding this data	ey Ansted	
The bear before to mose remaining and the state of the st	110	Contact Telephone Number - Number of person identified in data line <030>	419) 824-5810	
Figures Report to note compliance with the financial reporting congliance confined for confirm that the statistic feels in a confirmation of CF Table 3.13 (F)	ة ا	Fillal Address of Person Identified in data line <0.305	sasambt.net	
Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.3 Please check this box to confirm that contians the required information put contians the required information put rectipent of CAF Phase II support shall addresses of community andron institutions; (47 CF Play of the Plant addresses to broadband service in the put addresses to broadband service in the put addresses to broadband service in the put addresses to broadband put between the Robert to confirm the required information put contains the required information put requires: Community Anchor Institutions; (47 CFL Styless Check these boxes to confirm to contains the required information line 3018, please check these boxes to not a 3014, lay of the response is yes on line 3018, please confirm your submission, on line 3018, please to submission subjected to an public accountant.	*	he boxes below to note compliance on its five year service quality plan (pursuant CFR § 54.313(f)(2). I further certify that the	to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring information reported on this form and in the documents attac	t compliance with the financial reporting requirements set forth in 47 hed below is accurate.
Maileane (certification) (47 CfR § 54.313(I)(1)(1) Please check this but so to confirm has the settledeed DF. on line 3012, contains the required information contains the required information of Confirm Name of Mane of Maine of		_		
recipient of Chinales is uper fault foundation pursuant to § \$4.313 (I); [1], it, it is a decision to the required information to which began prouding access of community androi institutions to which began prouding access of community androi institutions to which began prouding access of community androi institutions to which began prouding access of community androi institutions to which began prouding access of community androi institutions to which began prouding access of community androi institutions to confirm that the attaches opp, on line 3017, contains the required information prouvers). It is the caponary at pread in a 3014, attach your company's RUS annual report of leterommunications demonstrations demonstration and administration and a statement and Statement of Cash Flows in some of Attached Document Listing Required Information on line 3018, pages cheek the boxes below to confirm your submission, on line 3018 please cheek the boxes below to confirm your submission, on line 3018 please cheek the boxes below to confirm your submission, on line 3018 please cheek the boxes below to confirm your submission, on line 3018 please cheek the boxes below to confirm your submission, on line 3018 please cheek the boxes below to confirm your submission, on line 3018 please cheek the boxes below to confirm your submission, on line 3018 please there is no on line 3018 please cheek the boxes below to confirm your submission on line 3018 please the submission confirm your submission in the submission confirm your submission in the submission confirm your submission with the submission subjected to a review by an independent certified public accountant. Por of their financial statement which has been found the performed information subjected to a review by an independent certified	_	Milestone Certification (47 CFR § 54.313(f)(1)(t)) Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	
Gommunity Ancthor Institutions (47 CFR § 54 313(II)(u)) If ver, deey your company life the ItS rannel (40 CFR § 54 313(II)(u)) If ver, deey your company life the ItS rannel (40 CFR § 54 313(II)(2) compliance Conditions the required information pursant to § 54.313(II)(2) compliance Conditions the required information pursant to § 54.313(II)(2) compliance Conditions the required information pursant to § 54.313(II)(2) compliance Felecommunications Between 1 of Cash Flows If the response is yet on line 3015, please check the boxes below to confirm your submission, on line 3015, please check the boxes below to confirm your submission, on line 3015, please check the boxes below to confirm your submission, on line 3018, please check the boxes below confirm your submission, on line 3018, please check the boxes below confirm your submission, on line 3018, please check the boxes below confirm your submission, on line 3018, please check the boxes below confirm your submission, on line 3018, please check the boxes below confirm your submission, on line 3018, please check the boxes below confirm your submission, on line 3018, please check the boxes below confirm your submission, on line 3018, please check the boxes below confirm your submission, on line 3018, please check the boxes below confirm your submission, on line 3018, please check the boxes below confirm your submission, on line 3018, please check the boxes below confirm your submission, on line 3018, please check the boxes below confirm. If the response is no on line 3018, please check the boxes below confirm your submission, on line 3018, please check the boxes below confirm. If the response is no on line 3018, please check the boxes below confirm to on line 3018, please check the boxes below confirm your submission, on line 3018, please check the boxes below confirm. If the response is no on line 3018, please check the boxes below confirm. If the response is no on line 3018, please check the boxes below confirm. If the response is no on line 3018, please	_	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
requires: Betronnot copy of their annual RUS reports (Operating Report for Telecommunications Boundaries) Before copy of their annual RUS reports (Operating Report for Telecommunications Boundaries) By G Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, latach your company's RUS annual report and all required documentation If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018 please check the boxes below to confirm your submission, on line 3018 please check the boxes below to confirm your submission, on line 3018 please check the boxes below to confirm your submission, on line 3018 please check the boxes below to confirm your submission, on line 3018 please check the boxes below to confirm your submission, on line 3018 please check the boxes below to confirm your submission, on line 3018 please theek the boxes below to line financial statement which has been subject to review by an independent certified public accountant, or 2) a financial report in a formation subjected to a review by an independent certified bublic accountant. If the response is no on line 3018 please theek the boxes below to confirm your submission, on line 3018 please theek the boxes below to line financial statement which has been subject to review by an independent certified public accountant. If the response is now the subjected to a review by an independent certified bublic accountant. Underlying information subjected to an officer certification. PDF of Balance Sheet, Income Statement of Cash Flows Attach the worksheet listing required information		Community Anchor Institutions {47 CFR § 54.313{fl(1)(s)} Is your company a Privately Held ROR Carrier {47 CFR § 54.313{fl(2)} If yes, does your company file the RUS annual report Please check these bookes to confirm that the attached PDF, on line 3017, contains the comined information.	Name of Attached Document Listing Required Information	(Yes/No) (Yes/No)
PDF of Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUSS annual report and all required documentation If the response is yes on line 3014, attach your company audited? If the response is yes on line 3014, attach your company audited? If the response is yes on line 3016, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54 313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to an officer certification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information		requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
If the response is yes on line 3014, attach your company's RUS annual report and all required document tusting Hequired Information If the response is yes on line 3014, la your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313[f/12], contains PDF of Balance Sheet, Income Statement and Statement of Cash Flows Management letter issued by the independent certified bublic accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below Companies in on line 3018, please check the boxes below Companies in on line 3018, please check the boxes below Companies to confirm your submission, on line 3018, please check the boxes below Companies to confirm your submission, on line 3018, please check the boxes below Companies to confirm your submission, on line 3018, please check the boxes below Companies to confirm your submission, on line 3018, please check the boxes below Companies to confirm your submission, on line 3018, please check the boxes below Companies to confirm your submission, on line 3018, please check the boxes below Companies to confirm your submission, on line 3018, please check the boxes below Companies to confirm your submission, on line 3018, please check the boxes below Companies to confirm your submission, on line 3018, please check the boxes below Companies to confirm your submission, on line 3018, please check the boxes below Companies to confirm your submission on line 3018, please check the boxes below Companies to confirm your submission on line 3018, please check the boxes below Companies to confirm your submission on line 3018, please check the boxes below Companies to confirm your submission on line 3018, please check the boxes below Companies to confirm your submission on line 3018, please check the boxes below Companies to companies the companies to com		PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains is line audited financial statement; or (2) a financial report in a format companable to RUS Operating Report for Telecommunications DP of Balance Sheet, Income Statement and Statement of Cash Flows Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications independent certified to an officer certification. Borrowers, Underlying information subjected to an officer certification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information		S annual	Vame of Attached Document Listing Required information	
Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54 313ff(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a flormat comparable to RUS Operating Report for Telecommunications Underlying information subjected to a review by an independent certified Underlying information subjected to an officer certification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information		If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f/2), contains		(Yes/No)
rtified public accountant to \$54 313(f)(2), t to \$54 313(f)(2), ubject to review by an nancial report in a elecommunications n independent certified tification.		Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
t to § 54 313(f/2), t to § 54 313(f/2), tubject to review by an nancial report in a elecommunications n independent certified tification. sment of Cash Flows		Management letter issued by the independent certified public accountant that performed the company's financial audit.		ם נ
ubject to review by an nancial report in a elecommunications in independent certified titleation. Ement of Cash Flows		If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54 313(f)(2), contains:		
n independent certified tification. sment of Cash Flows		Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
Underlying information subjected to an officer certification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information		Donawers, . Underlying mformation subjected to a review by an independent certified public accountant		
ement of Cash Flows		Underlying information subjected to an officer certification.][
		PDF of Balance Sheet, Income Statement and Statement of Cash Flows		D
			ame of Attached Document Listing Required Information	

Certification - Reporting Carrier	1	FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	309010
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Pers	on USAC should contact regarding this data — Jeffrey Ansted
<035>	Contact Telephone N	lumber - Number of person identified in data line <030> (419) 824-5810
<039>	Contact Email Addre	ss - Email Address of person identified in data line <030> jsawambt . net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

	onsibilities include ensuring the accuracy of the annual reporting requirements for universal service support n reported on this form and in any attachments is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Fitle or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Certification - Agent / Carrier	 	 · · · · · · · · · · · · · · · · · · ·	
1			FCC Form 481
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
			July 2013

<010>	Study Area Code	309010
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USA	C should contact regarding this data
<035>	Contact Telephone Number	- Number of person identified in data line <030> (419) 824-5810
<039>	Contact Email Address - Em	ail Address of person identified in data line <030> jsa wambt . net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipien	ts on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support re the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the informatio	ecipients on behalf of the reporting carrier; I have provided n reported herein is accurate.
Name of Reporting Carrier: American Broadband and Telecommunications Company	
Name of Authorized Agent or Employee of Agent: Michael Dover	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 10/11/2013
Printed name of Authorized Agent or Employee of Agent: Michael Dover	
Title or position of Authorized Agent or Employee of Agent Counsel for American Broadband and Telecommun	
Telephone number of Authorized Agent or Employee of Agent: (312) 857-7087	
Study Area Code of Reporting Carrier: 309010 Filing Due Date for this form: 10/15/20	13

Attachments

	819
FCC Form 481	OMB Control No. 3060-0986/OMB Control No. 3060-081 July 2013
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Companie	Form
perating	lection Fc

	Lions Company									<a3></a3>	Doing Business As Company or Brand Designation	American Broadhand & Telecommunications	4											
	American Broadband and Telecommunications Company									<a2></a2>	SAC	309010												
309010	werican Broadban	2014	Jeffrey Ansted		jsa∂ambt.net						•••													
<010> Study Area Code	<015> Study Area Name	<020> Program Year	<030> Contact Name - Person USAC should contact regarding this data	- 1	<039> Contact Email Address - Email Address of person identified in data line <030> jsahambt .net	<810> Reporting Carrier American Broadband and Telecommunications	<811> Holding Company American Broadband and Telecommunications	<812> Operating Company American Broadband and Telecommunications	<813>	<te></te>	Affliates	None												

1	orm 481 - Carrier Annual Reporting Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	339038	
<015>	Study Area Name	American Broadband and Telecommunicati	ions Company
<020>	Program Year	2014	
<030>	Contact Name: Person USAC should contact with questions about this data	Jeffrey Ansted	
<035>	Contact Telephone Number: Number of the person identified in data line <030	(419) 824-5810	
<039>	Contact Email Address: Email of the person identified in data line <030>	jsa@ambt.net	
ANNU	AL REPORTING FOR ALL CARRIERS		54.313 54.422 Completion Required Required
	Service Quality Improvement Reporting	(complete attached wor,	(check box when complete)
<200> <210>	Outage Reporting (voice)	{complete attached won	rksheetJ
<310>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)	(attach descriptive doct	
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (voice) Fixed Mobile Number of Complaints per 1,000 customers (broad Fixed Mobile	band)	
<610><700><710><710><800><1000><1100><1110><1110><1110><	Service Quality Standards & Consumer Protection R Functionality in Emergency Situations Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers	ules Compliance (check to indicate certific (attached descriptive docu (check to indicate certific (attached descriptive docu (complete attached works (complete attached works (complete attached works (if yes, complete attached works (check to indicate certifice (attach descriptive docu (if not, check to indicate certifice (complete attached works (complete attached works	ument) ument) ument) usheet) usheet)
<2000> <2005>	Price Cap Carriers, Proceed to <u>Price Cap Additional I</u> Including Rate-of-Return Carriers affiliated with Price Rate of Return Carriers, Proceed to <u>ROR Additional</u>	e Cap Local Exchange Carriers (check to indicate certifica (complete attached works)	
<3000> <3005>		(check to indicate certifica (complete attached works)	

(100) Se	(100) Service Quality Improvement Reporting	ECC Earm A01
Data Cc	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	
<015>	Study Area Name	
<020>		ations Company
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	utified in data line <030	
<039>		
<110>	Has your company received its ETC certification from the FCC?	•
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 Year plan" filed with the FCC?	
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.	
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	
	Nam 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document (.pdf)
<113> <114> <115>	Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality	
<116><117><117><117><118>	How (USF)was used to improve service coverage How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met in the prior calendar year.	

(200) Serv	vice Outage R	(200) Service Outage Reporting (Voice)	(e)									
Data Colle	Data Collection Form								J.	FCC Form 481		•
									NO A	OMB Control No. 3060-	OMB Control No. 3060-0986/OMB Control No. 3060-0819 http://doi.org/10.13	3060-0819
<010>	Study Area Code	ode				339038						
<015>	Study Area Name	ame				American Broadbas	American Broadband and Telecommunications Company	Cations Company				
<020>	Program Year					2014						
<030>	Contact Name	e - Person USA(Contact Name - Person USAC should contact regarding this data	ct regarding th	s data	Jeffrey Ansted						
<035>	Contact Telep	hone Number	- Number of pe	rson identified	lin data line <0	Contact Telephone Number - Number of person identified in data line <030> (419) 824-5810						
<039>	Contact Email	I Address - Ema	iil Address of pe	erson identified	1 in data line <	Contact Email Address - Email Address of person identified in data line <0.30> is a sambt. ner						
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7777	NORS	\$a\$	<	\$	 645	<c1></c1>	<52>	ф >	<e>></e>	<\$>	<9>	÷
	Reference Number	Outage Start Date	Outage Start Outage Start Date Time	Outage End Date	Outage End Time	Number of Customers Affected	Ď	911 Facilities Affected	Service Outage Description (Check	Did This Outage Affect Multiple Study Areas	Service Outage	Preventative
							Customers	(res / No)	all that apply)	(Yes / No)	Resolution	Procedures
							Cooption					
						1	סכם מוומכוופם					
						λW	worksheet					
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ata Collec	Data Collection Form								
								rol No. 3060-0986/0	OMB Centrol No. 3060-0986/OMB Centrol No. 3060-0819 July 2013
- 1	Study Area Code		339	339038					
<015> \$	Study Area Name		Ame	rican Broadband a	American Broadband and Telecommunications Company	ons Company			
- 1	Program Year		2014	4					
<030>	Contact Name - Person US	Contact Name - Person USAC should contact regarding this data		Jeffrey Ansted					
ı	Contact Telephone Numb	Contact Telephone Number - Number of person identified in data line <030>	a line <030>	(419) 824-5810					
<039>	Contact Email Address - Er	Contact Email Address - Email Address of person identified in	ed in data line <030>	jsa@ambt.net					
<711>	<a1></a1>	<a2></a2>	\$ 15	< b 2>	ŷ	cett.	6	(64.)	***
	State	Exchange (ILEC)	Residential Rate	State Regulated	T	Broadband Service - Download Speed	Broadband Service -	Usage Allowance	Usage Allowance Action Taken When
L					מום אפוב פוות בעני	(sdg(A))	Opioad Speed (Mbps)	(68)	Limit Reached (select)
1.									The state of the s
			Se	See attached					
_1			Work	worksheet					
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FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		ons Company								<a>> <a> <a> <a> <a> <a> <a> <a> <a> <a>		1991									
		American Broadband and Telecommunications Company							,(e)	SAC		 See allaciled worksheet									
(800) Operating Companies Data Collection Form	Study Area Code	Study Area Name	Program Year	- 1	- 1	<039> Contact Email Address - Email Address of person identified in data line <030> jsawambt.net	<810> Reporting Carrier American Broadband and Telecommunications	<812> Operating Company American Broadband and Telecommunications	<813> <a>-<a>-<a>-<a>-<a>-<a>-<a>-<a>-<a>-<a>-	Affiliates											

(900) Tr	(900) Tribal Lands Reporting	
Data Co	Data Collection Form	FCC Form 481
		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<010>	- 1	339038
<015>	- 1	American Broadband and Telecommunications Company
<020>	- 1	2014
<030>		Jeffrey Ansted
<032>	ı	(030) (419) 824-5810
<039>		cO3O> jsavambt.net
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	
		Name of Attached Document (.pdf)
	If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	
		Select
		(Tes,No,
<921>	Needs assessment and deployment planning with a focus on Tribal	
<925>	Feasibility and sus	
<923>		
<924>	_	
<925>		
<976>		
<927>	Compliance with Environmental Review processes	
<928>		
<929>	Compliance with Tribal Business and Licensing requirements.	

(1200) Te Lifeline Data Coll	(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	339038
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Ansted
<035>	Contact Telephone Number - Number of person identified in data line <030>	0> (419) 824-5810
<039>	Contact Email Address - Email Address of person identified in data line <030>	30> jsa@ambt.net
<1710>	lerms & Conditions of Voice Telephony Lifeline Plans	Name of attached document (.pdf)
<1220>	Link to Public Website	1
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan, $ec{\ensuremath{\checkmark}}$	
<1223>	Additional charges for toll calls, and rates for each such plan.	

13190.38	Amer 1 can Broadband a 2014 2014 2014 1 2014 2014 2014 2014 3 2	American Broadband and Telecommunications Company 2014 2013 American Broadband and Telecommunications Company 2014 2013 2014 2013 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2014 2015 2014 2014 2014 2015 2014 2014 2014 2014 2014 2015 2014 2014 2014 201	1915 Study Area Code 2015 Study Area Code 2016 Study Area Code 2017 Study Area Code 2018 Study Area Code 2018 Study Area Code 2019 Study Area Code 2019 Study Area Code 2019 Contact Implicate of Person identified in data line 4309. (119) 8.24-55.10 Contact Tenail Address - Email Address of person identified in data line 4309. (119) 8.24-55.10 Contact Tenail Address of Person identified in data line 4309. (119) 8.24-55.10 Contact Tenail Address of Person identified in data line 4309. (119) 8.24-55.10 Contact Tenail Address of Person identified in data line 4309. (119) 8.24-55.10 Contact Tenail Address of Person identified in data line 4309. (119) 8.400. (11
Security Area Gode So Study Area Name (10) Contact Name - Person USAC should contact So Contact Telephone Number - Number of per (15) Contact Telephone Number - Number of per (16) Contact Email Address - Email Address of per (17) Contact Email Address - Email Address of per (18) Contact Email Address - Email Address of per (19) Miestone Certification 16 Year Plan (10) Miestone Certification 147 CFR § 54.313[[]] Please check this box to confirm that the att contains the required information pursuant in ecipient of CAF Phase II support shall provice addresses of community anchor institutions access to broadband service in the preceding	American E 2014 2014 2014 2014 2014 2014 2014 2014	Eroadband and Telecommunications Company (119) 824-5810 1883-5810 1883-5810 1883-5810 1883-18810 18	ompliance with the financial reporting requirements set forth in 47 ad below is accurate.
So Study Area Name 10- Contact Name Person USAC Should contact 15- Contact Name Person USAC Should contact 15- Contact Telephone Person USAC Should contact 19- Contact Telephone Or Person 19- Milestone Certification 147 CFR § 54.313[[]] Please check this box to confirm that the att 10- Milestone Certification 147 CFR § 54.313[[]] Please check this box to confirm that the att 11- contains the required information pursuant in recipient of CAF Phase II support shall provid addresses of community anchor institutions access to broadband service in the preceding	American E 2014 2014 Ctregarding this data erson identified in data line <0300> erson identified in data line <0300> erson identified in data line <0300> (300) Erson identified in data line <0300> (310) (313(f)(2). I further certify that the is \$4.313(f)(2). I further certify that the idented PDF, on line 3012, to \$5.313(f)(2). I further certify that the stowed PDF, on line 3012, to \$5.313(f)(1)(ii) (4.313(f)(1)(ii)) (4.313(f)(1)(ii)) (5.313(f)(1)(ii)) (6.313(f)(1)(ii)) (7.313(f)(1)(ii)) (8.313(f)(1)(ii)) (9.313(f)(1)(ii)) (9.313(f)(1)(ii)) (9.313(f)(1)(ii)) (9.313(f)(1)(iii)) (9.313(f)(1)(iii))	Eroadband and Telecommunications Company frey, Anated [1419] 824-5810 [1584-5810] [1584-58	ompliance with the financial reporting requirements set forth in 47 id below is accurate.
10. Contact Name - Person USAC should contact 10. Contact Name - Person USAC should contact 15. Contact Name - Person USAC should contact 15. Contact Telephone Number - Number of person 15. Contact Email Address - Email Address of person 15. Contact Email Address - Email Address of person 15. Contact Email Address - Email Address of person 15. Contact Email Address - Compliance on 15 five Progress Report on 5 Year Plan Progress Report on 5 Year Plan Progress Report on 5 Year Plan The Contact Progress Report on 5 Year Plan Contains the required information pursuant recipient of CAF Phase Il support shall provid addresses of community anchor institutions access to broadband service in the preceding	2014 2014 Price and an analysis of the control of	(1919) 824-5810 Sastanbernet Sa	ompliance with the financial reporting requirements set forth in 47 ed below is accurate.
(S) Contact Telephone Number - Number of per (S) Contact Telephone Number - Number of per (S) Contact Telephone Number - Number of per (S) Contact Email Address - Email Address of per (C) The boxes below to note compliance on its five (C) The boxes below to note compliance on its five (C) Progress Report on 5 Year Plan (C) Milestone Certification (47 CR § 54.313()). (A) Progress Report on 5 Year Plan (C) Progress (C) Confirm that the att the att the att the att to contains the required information pursuant) recipient of CAF Phase il support shall provide addresses of community anchor institutions access to broadband service in the preceding access to broadband service in the preceding	Creationing his data in Cost of Cost o	(119) 824-5810 1884-5810 1884-5810 1884-5810 1884-5810 1884-5810 1884-	ompliance with the financial reporting requirements set forth in 47 ad below is accurate.
(9) Contact Email Address - Email Address of percent of the boxes below to note compliance on its five the boxes below to note compliance on its five Progress Report on 5 Year Plan Progress Report on 5 Year Plan Miestone Certification 147 CR § 54.313[)[1] Please check this box to confirm that the att the att the att the att the att the att the ontains the required information pursuant contains the required information pursuant addresses of community anchor institutions access to broadband service in the preceding	reson identified in data line (330) ve year service quality plan (pursuan is 54.313(f)[2]. I further certify that th tackfed PDF, on line 3012, to 654.313 (f)[1](ii), as a lide the number, names, and si to which began providing ng calendar year. 4.313(f)[1](iii) re (47 CFR § 54.313(f)[2]) to 10 § 54.313(f)[2] compliance	Stadiambt. The transfer of privately held carriers, ensuring the information reported on this form and in the documents attack Name of Attached Document Listing Required Information.	ompliance with the financial reporting requirements set forth in 47 ad below is accurate.
CK the boxes below to note compliance on its five Progress Report on 5 Year Plan Progress Report on 5 Year Plan Milestone Certification [47 CFR § 54.313[/)] Please check this box to confirm that the att Conflaint the required information pursuant: recipient of CAF Phase II support shall provid addresses of community anchor institutions access to broadband service in the preceding	194319(f)(2). I further certify that the is 54.313(f)(2). I further certify that the tached PDF, on line 3012, tto 554.313 (f)(1)(ii), as a lide the number, names, and so to which began providing called are year. 14.313(f)(1)(ii) 14.313(f)(1)(ii) 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	It to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring, he information reported on this form and in the documents attach hame of Attached Document Listing Required Information. Name of Attached Document Listing Required Information.	ompliance with the financial reporting requirements set forth in 47 and below is accurate.
Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.3 Please check this box to confirm that contains the required information pur recipient of CAF Phase II support shall addresses of community anchor instit access to broadband service in the pr	(1)(1)) tto § 54.313 (f)(1)(ii), as a life the number, names, and stowhich began providing no called year. 4.313(f)(1)(ii)) 4.313(f)(1)(ii)) ual report tto § 54.313(f)(2) compliance	Name of Attached Document Listing Required Information	(Ves/No) (Yes/No)
	(1)(0)) tto § 54.313 { }(1)(1)(ii), as a dide the number, names, and sto which began providing greated are year. 4.313(f)(1)(ii)) et (47 CR § 54.313(f)(2)) ual report tre attached PDF, on line 3017, tto § 54.313(f)(2) compliance	Name of Attached Document Listing Required Information	(ve./No)
	tto § 54.313 (f)(1)(ii), as a ride the number, names, and s to which began providing ng calendar year. 4.313(f)(1)(ii)} et (47 CFR § 54.313(f)(2)} all report the attached PDF, on line 3017, to § 54.313(f)(2) compliance	Name of Attached Document Listing Required Information	(res/No)
	4.313(f)(1)(ii)) er (47 CFR § 54.313(f)(2)) ual report tre attached PDF, on line 3017, tto § 54.313(f)(2) compliance	Name of Attached Document Listing Required Information	(Yes/No)
(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (3014) Is your company file the RUS annual report. Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance]
c copy of their annual nunications Borrower	RUS reports (Operating Report for s)		
(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	nd Statement of Cash Flows		
(3017) If the response is yes on line 3014, attach your company's RUS amrual report and all required documentation (3018) If the response is no on line 3014, is your company audited?	our company's RUS annual ompany audited?	Name of Attached Document Listing Required Information	(Yes/No)
If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)[2], contains	heck the boxes below to suant to § 54.313(f)(2), contains		
(3019) Either a copy of their audited financial statement, or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	nancial statement, or (2) a financial report Operating Report for Telecommunications statement and Statement of Cash Flows		
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.	lent certified public accountant dit.		
If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)[2],	neck the boxes below ursuant to § 54.313(f){2},		
Contain: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a (3022) format comparable to RUS Operating Report for Telecommunications Bernows	s been subject to review by an r 2) a financial report in a rt for Telecommunications		
	ew by an independent certified		
(3025) POF of Balance Sheet, Income Statement and Statement of Cash Flows	icer certification. nd Statement of Cash Flows		
(3026) Attach the worksheet listing required information	matron	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	339038
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Pers	on USAC should contact regarding this data
<035>	Contact Telephone N	umber - Number of person identified in data line <030> (419) 824-5810
<039>	Contact Email Addre	ss - Email Address of person identified in data line <030> jsa@ambt . net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to	the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients
certify that I am an officer of the reporting carrier; my resecipients; and, to the best of my knowledge, the informat	onsibilities include ensuring the accuracy of the annual reporting requirements for universal service support In reported on this form and in any attachments is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form ca	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier	1.5			FCC Form 481		
Data Collection Form			100	OMB Control No. 3060-09	86/OMB Control No. 3	060-0819
				July 2013		

<010>	Study Area Code	339038
<015>	Study Area Name	American Broadband and Telecommunications Company
<020>	Program Year	2014
<030>	Contact Name - Person US	AC should contact regarding this data
<035>	Contact Telephone Numbe	r - Number of person identified in data line <030> (419) 824-5810
<039>	Contact Email Address - En	nail Address of person identified in data line <030> jsa@ambt . net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Reci	pients on Benail of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service supports the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the inform	
Name of Reporting Carrier: American Broadband and Telecommunications Company	
Name of Authorized Agent or Employee of Agent: Michael Dover	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 10/14/2013
Printed name of Authorized Agent or Employee of Agent: Michael Dover	
Title or position of Authorized Agent or Employee of Agent Counsel for American Broadband and Telecommu	ın
Telephone number of Authorized Agent or Employee of Agent: (312) 857-7087	
Study Area Code of Reporting Carrier: 339038 Filling Due Date for this form: 10/1	5/2013

Attachments

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819	10, 10, 10, 10, 10, 10, 10, 10, 10, 10,		Louis Company								<a35< th=""><th>Doing Business As Company or Brand Designation</th><th>American Broadband and Telecommunications</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></a35<>	Doing Business As Company or Brand Designation	American Broadband and Telecommunications											
		American Broadhand and Talacommunity	gorina and a second							ζ,	7787	SAL	339038											
(800) Operating Companies Data Collection Form	<010> Study Area Code 339938			Contact Name - Person USAC should contact regarding this data	- 1	<039> Contact Email Address - Email Address of person identified in data line <030> jsaalambt .net	<810> Reporting Carrier American Broadband and Telecommunications	<811> Holding Company American Broadband and Telecommunications	<812> Operating Company American Broadband and Telecommunications	<813> <a>a1>	Affliates		None											

	orm 481 - Carrier Annual Reporting Collection Form			FCC Form 481 OMB Control No. 3060- July 2013	0986/OMB Control No. 3060-0819
<010	> Study Area Code	209031			
<015	> Study Area Name	American Broadban	d and Telecommunica	tions Company	
<020	> Program Year	2014		A	
<030	 Contact Name: Person USAC should contact with questions about this data 	Jeffrey Ansted			
<035>	 Contact Telephone Number: Number of the person identified in data line <030: 	(419) 824-5810 >			
<039>	Contact Email Address: Email of the person identified in data line <030>	jsa@ambt.net			
ANNU	AL REPORTING FOR ALL CARRIERS				54.313 54.422 Completion Completion Required Required
<100>	Service Quality Improvement Reporting		(complete attached w	orksheet)	(check box when complete)
<200> <210>	Outage Reporting (voice)	no outages to report	(complete attached w	orksheet)	
<300> <310> <320> <330>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)		(attach descriptive de	ŕ	
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (voice) Fixed Mobile Number of Complaints per 1,000 customers (broad) Fixed Mobile			[
<710> <800> <900> <1000> <1010> <1110> <1110>	Service Quality Standards & Consumer Protection F Functionality in Emergency Situations Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers		(check to indicate certi (attached descriptive do (check to indicate certi (attached descriptive do (complete attached wo (complete attached wo (cf yes, complete attached wo (check to indicate certi) (attach descriptive doi (if not, check to indicate certi) (complete attached woi (complete attached woi	cument) fication) cument) rksheet) rksheet) rksheet) fication) fication) fication)	
<2000> <2005>	Price Cap Carriers, Proceed to <u>Price Cap Additional</u> Including Rate-of-Return Corriers affiliated with Pric Rate of Return Carriers, Proceed to <u>ROR Additional</u>	e Cap Local Exchange	e Carriers (check to indicate certifi (complete attached wor. rksheet	ksheet)	
3005>			(check to indicate certifi (complete attached worl		

(100) Se	(100) Service Quality Improvement Reporting	
Data Co	Data Collection Form	OMB Control No. 2002 Control
		July 2013 July 2013
<010>	Study Area Code	
<015>	Study Area Name	and Telecommunications Commany
<020>	Program Year	Amban and an amban an amban and an amban an amban and an amban an amban and an amban an amban an amban and an amban an a
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	tified in data line <030>	10
<039>	Contact Email Address - Email Address of person identified in data line <030> jsaaambt.net	
<110>	Has your company received its ETC certification from the FCC?	• Contract
<111>	4.202(a) "5	(yes/no)
<1112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document (.pdf)
<pre><113> <114+ <115- <115- <116- <117- <118- <</pre>	Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality How (USF)was used to improve service coverage How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met	

(200) Ser	vice Outage R	(200) Service Outage Reporting (Voice)	(a)						FCC	FCC Form 481		
Data Coll	Data Collection Form								No.	18 Control No. 3060-	OMB Control No. 3060-0986/OMB Control No. 3060-0819	5. 3060-0819
									/inf	July 2013		
<010>	Study Area Code	ode				209031						
<015>	Study Area Name	ame				American Broadban	American Broadband and Telecommunications Company	cations Company				
<020>	Program Year					2014						
<030>	Contact Name	e - Person USA	C should contac	Contact Name - Person USAC should contact regarding this dat	io	Jeffrey Ansted		-				
<035>	Contact Telep	shone Number	- Number of pe	rson identified	in data line <0	Contact Telephone Number - Number of person identified in data line <030> (419) 824-5810						
<039>	Contact Email	I Address - Ema	il Address of pe	erson identified	in data line <0	Contact Email Address - Email Address of person identified in data line <030> jsa@ambt .net						
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<077>	ές Vaga	491>	 	cb3>	 \$p\$>	<c1></c1>	<c2></c2>	>	<e>></e>	\$	^8 0 >	ê
	Reference Number	Outage Start Date	Outage Start Outage Start Date Time	Outage End Date	Outage End Time	Number of Customers Affected	Ď.	911 Facilities Affected	Service Outage Description (Check	Did This Outage Affect Multiple Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
							See attached					
						J/M	Worksheet					
							1001001					

	61												 				 			 		
	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013								<d4>></d4>	Usage Allowance Action Taken When Limit Reached {select}												
181	ol No. 3060-0986/C							4	<d3></d3>	Usage Allowance (GB)												
FCC Form 481	OMB Conti							Y. T.	<70>	Broadband Service - Upload Speed (Mbps)												
			ons Company					757	<0.0	Broadband Service - Download Speed (Mbps)												
			American Broadband and Telecommunications Company)	Total Rate and Fees												
		31	ican Broadband ar		Jeffrey Ansted	(419) 824-5810	jsa@ambt.net	,t-23	770	State Regulated Fees					See attached	worksheet						
		209031	Amer	2014			1	\$100		Residential Rate					Sec	work						
					Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030>	<95>		Exchange (ILEC)												
O ata Collection Form		Study Area Code	Study Area Name	Program Year	Contact Name - Person USA	Contact Telephone Number	Contact Email Address - Emi	<a>>		State												
Data Colle		<010>	<015>	<070>	<030>	<035>	<039>	<711>	•		 	 	 	-			 	 	 	 	1	

FCC Form 481	UMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		Commence	ins company								<83>	Doing Business As Company or Brand Designation			1991										
			American Broadband and Telecommunications Commun								ć	<7P>	SAC		Cooperation	וומכוופת שטות										
(800) Operating Companies Data Collection Form		<010> Study Area Code 209031			1	<035> Contact Telephone Number - Number of person identified in data line <030> (419) 824-5810	<039> Contact Email Address - Email Address of person identified in data line <030> jsaáambt .net	Reporting Carrier	<811> Holding Company American Broadband and Telecommunications	<812> Operating Company American Broadband and Telecommunications	<813> ca1>		Affiliates													

(900) Tr	(900) Tribal Lands Reporting	
Data Co	Data Collection Form	FCC Form 481
		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	209031
<015>		Employers Decomples 1 1 2 m.
<020>	Program Year	TOTAL STORTING AND LECOMMUNICALIONS COMPANY
<030>	Contact Name - Person USAC should contact regarding this data	Veffrey Anster
<035>	- 1	N3(N) (419) 824-5810
<039>		
<910>		ı
<920>	Tribal Government Engagement Obligation	
		Name of Attached Document (.pdf)
	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a) includes:	
		Select
		(Yes,No,
<921>	Needs assessment and deployment planning with a focus on Tribal	NA)
	community anchor institutions:	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<626>	Compliance with Tribal Business and Licensing requirements.	

FCC Farm 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	209031 American Broadband and Telecommunications Company	Jofftey Ansted (419) 824-5810 jsavambt.net				
(1100) No Terrestrial Backhaul Reporting Data Collection Form	<010> Study Area Code <015> Study Area Name <020> Program Year	1 1 1 1	Please check this box to confirm no terrestrial backhaul <1120> options exist within the supported area pursuant to § 54.313(G)	Please check this box to confirm the reporting carrier offers cand 356 kbps upstream within the supported area pursuant to § 54.313(G)		

Out Carrier Additional Documentation Free Form 481
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(3000)	(3000) Rate Of Return Carrier Additional Documentation		
Data Col	Data Collection Form		FCC Form 481
		· · · · · · · · · · · · · · · · · · ·	OMB Control No. 3060-0986/OMB Control No. 3060-0819
, <010>	Study Area Code 209031	and the second	
<015>	me	American Broadband and Telecommunications Communications	
\$050¢		company company	
<035>	Contact Telephone Number - Number of passon dansities and also	Jeffrey Ansted	
<039>		(419) 824-5810	
		asaliuv. Hev	
CHECK	CHECK the boxes below to note compliance on its five year service quality plan (pursuant CRECK the boxes below to note compliance on its five year service quality plan (pursuant CRE § 54.313(I)[2]. I further certify that the	ice on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the f CFR § 54.313(i)(2). I further certify that the information reported on this form and in the documents attached below is accurate.	ICE ON Its five year service quality plan (pursuant to 47 CFR § 54.302[a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(i)[2]. I further certify that the information reported on this form and in the documents attached below is accurate.
	Progress Report on 5 Year Plan		
(3010)	Milestone Certification (47 CFR § 54.313f()(1)(i)) Please check this box to confirm that the attached PDF, on line 3012,	Name of Attached Document Listing Required information	
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.]
(3012)		Name of Attached Document Listing Required Information	
(3014)	RON Carrier (47 CFR § 54.313(f)(2)) • RUS annual report irm that the attached PDF, on line 3017, n pursuent to § 54.313(f)(2) compliance		
(3015)	Estertoir copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, Is your company audited?	Name of Attached Document Listing Required Information	l'Vee fassi
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		(m/z_)
(3020)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		10
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contans:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a formal comparable to RUS Operating Report for Telecommunications of the state of t		
(3023)	our rowers, Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier		 FCC Form 481	
Data Collection Form		OMB Control No. 3060-0986/OMB Control	ol No. 3060-0819
		July 2013	<u> </u>

<010>	Study Area Code	209031							
<015>	Study Area Name	American Broadband and Telecommunications Company							
<020>	Program Year	2014							
<030>	Contact Name - Perso	on USAC should contact regarding this data							
<035>	Contact Telephone Number - Number of person identified in data line <030> (419) 824-5810								
<039>	Contact Email Addres	s - Email Address of person identified in data line <030> jsa@ambt.net							

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my respore	sibilities include ensuring the accuracy of the annual reporting requirements for universal service support reported on this form and in any attachments is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
itle or position of Authorized Officer:	
elephone number of Authorized Officer:	
itudy Area Code of Reporting Carrier:	Filing Due Date for this form:

Certification - Agent / Carrier Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	209031		
colfs Etude Assa Name	American Broadband and Telec	Communications Company	

<015>	Study Area Name	American Broadba	and and Telecommunications Company	
<020>	Program Year	2014		
<030>	Contact Name - Person US	AC should contact regarding thi	nisdata Jeffrey Ansted	
<035>	Contact Telephone Number	er - Number of person identified	d in data line <030> (419)824-5810	
<039>	Contact Email Address - Er	nail Address of person identified	d in data line <030> jsa@ambt.net	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier Is authorized to submit the Information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Mike Dover Name of Reporting Carrier: American Broadband and Telecommunications Company Signature of Authorized Officer: CERTIFIED ONLINE Date: 10/14/2013 Printed name of Authorized Officer: Jeffrey Ansted Title or position of Authorized Officer: President Telephone number of Authorized Officer: 419-824-5810 Study Area Code of Reporting Carrier: 209031 Filling Due Date for this form: 10/15/2013 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF	or LI Recipients on	Behalf of Reportin	ng Carrier
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal s the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge	ervice support recipien e, the information repo	ts on behalf of the re rted herein is accurat	porting carrier; I have provided e.
Name of Reporting Carrier: American Broadband and Telecommunications Company			
Name of Authorized Agent or Employee of Agent: Michael Dover		·	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE		Date:	10/14/2013
Printed name of Authorized Agent or Employee of Agent: Michael Dover			
Title or position of Authorized Agent or Employee of Agent Counsel for American Broadband and	relecommun		
Telephone number of Authorized Agent or Employee of Agent; (312) 857-7087	***************************************		
Study Area Code of Reporting Carrier: 209031 Filing Due Date for this form:	10/15/2013		

Attachments

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		tions Company								<a3></a3>	Doing Business As Company or Brand Designation	American Broadband and Telecommunications												
		American Broadband and Telecommunications Company								<a2></a2>	SAC	209031												
(800) Operating Companies Data Collection Form	T I	Study Area Name	- 1	Contact Telephone Number - Number of person identified in data line <030>	<039> Contact Email Address - Email Address of person identified in data line <030> 1saaambt .net	<810> Reporting Carrier American Broadband and Telecommunications	<811> Holding Company American Broadband and Telecommunications	<812> Operating Company American Broadband and Telecommunications	<813>		Affiliates	None												